

Court-Based Interventions for Pos-Tox and Drug Exposed Infants and Toddlers

“How wonderful it is that nobody need wait a single moment before starting to improve the world.” ~ Anne Frank

By Judge Erica Yew, November 2011

Family Wellness Court is a collaborative justice court. It is a state-of-the art extension in the continuum of drug courts that has evolved from the nation’s first drug court established in 1989 in Miami, Florida. Collaborative justice courts, also known as problem solving courts, were implemented to address challenging and recurring social problems – like addiction, domestic violence, homelessness, and juvenile delinquency – that come through courtroom doors daily. As our social safety net both constricts with diminishing resources and is strained with increasing need, more and more people dealing with life’s challenges find themselves in the courts. For many, there is no place else to go and they are compelled to come by arrest warrants and protective custody warrants that remove their children from their care. In response to the influx of repeat customers who are grappling with generational problems of poverty, addiction, and more, the courts are situating social services in the courtroom where people can receive direct and immediate assistance. This allows the court to better serve litigants dealing with complex issues and it allows the court’s community partners to leverage their resources by working within a multi-disciplinary team (MDT).

In terms of the history of collaborative courts, California’s deinstitutionalization of the mentally ill in the 1970’s and 1980’s led to increased homelessness in the state. In response, California established the country’s first homeless court in San Diego in 1989. By mid-2005, the state had over 265 collaborative courts with names such as: Homeless Courts, Drug Courts, Mental Health Courts, Peer Courts, and Dating Violence Courts. According to a 2005 study from the California Judicial Council and the Administrative Office of the Courts (AOC)¹, the common guiding principles of collaborative courts are:

- Integrated services with the justice system,
- Purposeful avoidance of the traditional adversarial court process,
- Early intervention and prompt placement of litigants in programs,
- Access to a continuum of care,
- Coordinated strategies of sanctions and incentives,
- Ongoing judicial interaction,
- Monitoring and evaluation to measure effectiveness of treatment, services, and other programs,
- Continuing interdisciplinary education,
- Partnerships and collaboration to increase availability of services,
- Local and community support, and
- Emphasis on the team’s and individual’s commitments to cultural competency.²

¹ California’s *Collaborative Justice Courts, Building a Problem-Solving Judiciary*, Judicial Council of California and the Administrative Office of the Courts, Center for Court Innovation, 2005.

² *Ibid*, p. 14.

Interestingly, drug courts evolved along a similar path as medical interventions for adults. As medical research for heart disease focused initially on men and their response to medications, criminal drug courts were first geared toward men. Dr. Rivka Greenberg, a psychologist who trained FWC team members and partners, provided the FWC team with the progression of drug courts in relation to women and their needs. First, drug courts were formulated to respond to men's needs. Then women were included in criminal drug courts. Next, women and men brought their children to drug courts when their cases were heard. These children waited underfoot without direct or coordinated attention from the court or its partners. Today, there are drug courts that are child-focused, using the parents' desire to keep their children as a tool to motivate the parents' course of treatment and promoting the children's well-being.

As a child-focused court³, FWC's physical environment is configured for the child's comfort in the courtroom. A First 5 family specialist is a key member of the court team and regularly shares insights about each child's developmental needs with the parents during FWC review hearings. Parents receive support from home visitors and public health nurses as well as mental health therapists, the latter through the form of dyadic therapy, parent-child interactive therapy and other modalities. Unlike traditional criminal drug courts, where the focal point for discussion is the parent's recovery, FWC also includes regular discussions about the child – all to reinforce the parent-child relationship and to use that relationship to motivate the parent in his or her recovery.

FWC's approach works. Parents experience a high rate of success. In 2011, a federally-funded audit of FWC showed that the court has a 75 percent success rate in reunifying previously addicted parents with their children. Even where the parents fail to reunify, 100 percent of FWC's children benefit from the child-focused approach because of early screening, assessments and interventions. But it is not just FWC that is successful. Numerous studies have found that drug courts work and save money. A 1998 study showed that nine drug courts saved the state of California approximately \$9 million in avoided criminal justice costs for every year a new set of participants entered these programs.⁴ A 2010 Substance Abuse and Mental Health Services Administration (SAMHSA) study demonstrated that for every \$1.00 spent on drug services, our society saves \$12.00. A 2002 study found that drug courts also reduce recidivism. For example, arrest rates were 85 percent lower for defendants in the two years after their entry into drug courts and 70 percent of drug court graduates were employed whereas 35 percent of these defendants were employed upon entering drug court.⁵

In Family Wellness Court, we have experienced successes that are extraordinary when you consider the demographics of our population. All FWC cases are fast-track cases where parents have initially a short six months of services to prove that they can care for their children, all of whom are under the age of three years.⁶ We know that most of our parents have prior referrals or involvement with the child welfare system. In addition, 40 percent of our FWC parents were dependent children in

³ Child-focused means the child is in the courtroom and/or the child's needs and interests are one of the primary focuses for the endeavor.

⁴ California's Collaborative Justice Courts at p. 3

⁵ Ibid, p. 3.

⁶ The definition of a fast-track case is one where the child is under the age of three years at the time the child is removed from the parent's care. If the child is three years or older at the time of removal, the parent has more time. The legislative policy for fast-tracking babies and toddlers is to allow those children, who may not yet have attached to their birth parents, to be in homes where they can form the healthy attachments and bonds that all humans need to establish lasting and loving relationships.

the foster care system. Ninety percent have a criminal history and 80 percent have committed or have been a victim of domestic violence. A high number have an extensive trauma history where they have suffered abandonment, physical abuse, sexual abuse, emotional abuse, and multiple losses including deaths of close family members – sometimes right before their eyes. Sixty-five percent of our parents satisfy the definition of chronic homelessness. Our FWC parents also come from extreme poverty with 66 percent having an annual income of less than \$10,000. The average income in California is \$61,017; in the United States, it is \$52,019. The federal poverty level for a parent with one child is \$14,579.

Not surprisingly, because the FWC grant was sought to assist parents dealing with addiction to methamphetamine, most of our parents' drug of choice is meth. In Santa Clara County, 64 to 67 percent of drug users identify meth as their drug of choice. The addiction that we see in FWC is complicated by the fact that many of our parents are polysubstance users. National, state and local data indicate that 75 to 80 percent of child welfare cases stem from drug and alcohol related problems. The number of drug users in the United States is staggering. According to the National Institute on Drug Abuse, in 2004, 22.5 million Americans, 12 years and older, abused illicit drugs within the preceding year. Of that number, 3.4 million abused alcohol combined with drugs, 3.9 million abused drugs, and 15.2 million abused alcohol. Also in 2004, 19.1 million Americans, 12 years and older, admitted to abusing illicit substances in the preceding month.

With such daunting numbers, why do treatment courts work? Judges presiding in collaborative courts gave their opinions in the AOC's 2005 study mentioned above. They highlighted the following interventions:

- Proactive and problem-solving oriented judges,
- Frequent judicial interaction with the defendant, litigant, parent,
- Ongoing judicial supervision with regular court reviews,
- Integration of social services,
- A team-based and non-adversarial approach, and
- The use of sanctions and incentives.⁷

Family Wellness Court incorporates these approaches and goes beyond. It is the state of the art in terms of collaborative justice courts. It has become the next iteration of such courts by intentionally incorporating a trauma-informed approach. What does trauma-informed mean? The premise is that all of us – judges, professionals, team members, and litigants – have suffered some trauma in our life experience. Not all of us, however, have had the opportunity to process and heal from our traumatic histories. In serving our parents, and in dealing with one another, FWC's goal is to be trauma-informed in all aspects. FWC and its larger system of grant-funded partners even performed a 360 degree evaluation to ensure that we were providing trauma-informed services at all times. We recognize that failing to hit the mark risks triggering or re-traumatizing our parents.

And what does a trauma-informed courtroom look like? We were fortunate to have Dr. Vivian Brown, the founder and CEO of PROTOTYPES, a multi-service agency in California and Washington, D.C., consult with us. Dr. Brown has more than 30 years of experience working with parents like those who come to FWC. In observing our court team in action, Dr. Brown concluded that we were the most trauma-informed court she had ever witnessed. What do we do that works? We create the illusion of time. Even if we know that we are quickly losing time on our court calendar, we try not to rush a parent through the court review. We reduce extraneous activities and noise in the courtroom so

⁷ California's Collaborative Justice Courts, p. 29

that everyone on the multidisciplinary team is singularly focused on the parent. The courtroom is uncluttered, light, clean, and quiet and we even have a sign that expressly says “Welcome” on the door to our department. We do not have other parents in the courtroom, but rather see each parent individually. We listen and validate where possible. We use strength-based, positive language even while staying reality-based. We assure the parents explicitly that there is no negative judgment in the room for them. We demand honesty of the parents and we exact honesty from ourselves. We communicate that honesty authentically and with respect. We explain our expectations and processes to achieve transparency as much as we can. We honor the parent through praise, rewards, incentives and a fair and timely imposition of sanctions. We rave about the parents’ children. We provide tangible support such as bus tokens, diapers, recovery books and more. We consistently come from a place of hope and non-judgment. Stephanie Covington, another consultant who trained FWC team members, said that our parents are often hopeless when they enter our child welfare system. It is our job to be their beacons of hope until they learn to hope themselves. I believe they also present with shame, guilt and self-loathing. It is mandatory that we treat our parents with the utmost respect until they learn to respect themselves.

Based upon three years of such practices, we see that this approach works. FWC opened its doors on March 14, 2008. As of April 2011, we had served 290 parents and 350 children. While California’s foster care system experiences an annual 11 to 12 percent reentry rate after reunification, as of April 2011, FWC had three new petitions filed for children where the parent had previously successfully completed FWC. Where the general rate of reunification in Santa Clara County was 48 percent in 2009 and 53 percent in 2010, FWC achieved a reunification rate of 75 percent as of March 2011 for fast track cases.⁸ One hundred percent of all the children in FWC received extraordinary services such as early assessments, regular follow up assessments, mental health, medical, dental, vision, and physical therapy services, home visitation services, consultation with public health nurses, and linkage with community based resources and services. In fact, each FWC child receives approximately \$6,000.00 worth of services at no cost to the parents through First 5 of Santa Clara County. First 5 pledged to match grant monies awarded by the federal Children’s Bureau when these funds were garnered to incubate FWC. The statistic that we are most proud of, however, is related to the impetus for starting FWC – the elimination of repeated pos-tox births.

In continuing the Drug Dependency Treatment Court started by Judge Leonard Edwards ten year prior, Judge Katherine Lucero was stuck by the repetitive number of pos-tox births. She witnessed mothers delivering one pos-tox baby after another from year to year. Each time, Judge Lucero observed the same families returning to court with yet another petition for removal of their newly-born children. Judge Lucero was spurred to find a means to stop this revolving door. In applying for the FWC grant, Judge Lucero and our grant partners hoped to extinguish this recurring and generational problem. In the three plus years that FWC has been in existence, we have seen our mothers give birth to many children. Of these babies delivered over the past three years, only one has been a pos-tox birth. This is particularly significant since a high number of mothers in FWC had given birth to a series of pos-tox children before coming into FWC – with some mothers having up to nine children previously removed from their care by the Department of Family and Children Services and the Court. Upon entry into FWC, these mothers gave birth to drug-free babies.

⁸ This is note-worthy because fast track cases give parents less time to reunify. Thus, FWC parents achieved a higher reunification rate in a shorter time than those parents with cases included in the general reunification rate.

So how does FWC work? Our multidisciplinary team (MDT) is comprised of the following: the judge, a court resource manager, the courtroom clerk, the courtroom deputy or bailiff, county counsel who represents the Department of Family and Children's Services (DFCS) and its social workers, a social worker liaison who is present when the case-carrying social worker cannot participate, separate counsel for each parent and the children, a drug and alcohol rehabilitation counselor and assessor, a liaison from the County Mental Health Department, a resource specialist from First 5, an eligibility worker, a liaison from Child Advocates of Santa Clara County, a domestic violence and trauma therapist, and a liaison from Victim Witness. The most important member of the team is the parent. The parent also is accompanied in the FWC review by his or her mentor parent⁹.

What services do we offer our parents and children? FWC has 28 partners and 82 resource providers working together to form a strong network of support for our families. We strive to provide comprehensive services and holistic support. We also learn from our parents and endeavor to meet needs that they identify. As a result, we are ever expanding our partnerships. This is what we offer at this time:

- A therapeutic court environment with an emphasis on establishing a therapeutic alliance between the parent and the team,
- Regular and frequent court reviews,
- Integration of services with the exchange of regular written reports from service providers and comprehensive staffing,
- Early connection to government financial aid such as TANF and food stamps,
- Case management by the court, DFCS, the Department of Alcohol and Drugs Services (DADS), and/or the County Department of Mental Health (MH),
- Connection to SSI related services,
- Legal representation,
- Early drug and alcohol assessments,
- Residential inpatient treatment for men and women, the latter includes the opportunity for mothers to live with their children in inpatient settings,
- Transitional Housing Units for men and women, either with or without their children,
- Outpatient drug services,
- Connection to twelve-step meetings and generally accepted alternatives,
- Connection to same-gender sponsors,
- Connection to shelters and housing,
- Some assistance with rent and deposits through DFCS and community partners,
- Connection with resources for furniture and household items
- Connection with Victim Witness for funds related to relocation, safety, and therapy,
- Connection with community agencies that provide financial assistance for PG&E,
- Mentor parent support,
- Domestic violence advocacy and services,
- Access to domestic violence classes and support groups,
- Assistance with obtaining restraining orders,
- Transportation assistance such as bus passes and bus tokens, as well as bicycles and car seats,

⁹ Mentor parents are exemplary individuals who have successfully addressed their substance abuse and achieved the return of their children. These parents have participated as litigants in DDTC, FWC and Family Court. They are living proof to others that collaborative justice works and they befriend and support parents who have pending cases.

- Limited funding to assist with barriers such as funding for recovery books, obtaining parents' birth certificates,
- Linkages to employment services,
- Coordination with criminal court partners,
- Coordination of drug testing requirements,
- Assistance with criminal fine conversions to help people address debts,
- Budget information and connection to budgeting classes,
- Criminal Records Clearance services to enhance people's employability,
- Therapeutic services such as individual counseling, groups, dyadic therapy, parent child interactive therapy, family counseling, WRAP services,
- Psychiatric evaluations,
- Medication evaluations and connection to psychiatric medicines,
- Family planning education,
- Home visitation services,
- Consultations with public health nurses,
- Comprehensive developmental and behavioral screening, assessments and interventions for all children,
- Court appointed Child Advocates for FWC children and their parents,
- Linkage to health care coverage and primary care physicians,
- Connection to dental care through charitable organizations,
- Connection to vision care through charitable organizations,
- Coordination with agencies funded by San Andreas Regional Center (SARC) where applicable,
- Access to an array of basic and specialized parenting classes,
- GED assistance,
- Language assistance,
- Information about nutrition and self-care,
- Information about stress management,
- Coaching for time management,
- Linkage for tattoo removal,
- Connection to community resources for food, clothing, hygiene products, shoes, and other items,
- Provision of tangibles such as diapers, wipes, umbrella strollers, children's clothing and shoes, children's books, developmental toys and games, and
- Family Team Meetings and Team Decision Meetings facilitated by DFCS.

Presiding over FWC as a judge is a uniquely satisfying experience. It also requires the judge to enter uncharted territory. All drug courts work best when the bench officer forms a therapeutic alliance with the participant. Indeed, twenty years of criminal drug court research teaches us that the number one incentive for drug defendants is their relationship with their judge or their probation officer¹⁰. In FWC, not only is the judge charged with forming that alliance, the judge must model good parenting skills in his or her interactions with the parent. The judge must motivate the parent to do more than attend a criminally court-mandated drug program since parents in dependency court are required to complete much more than criminal defendants. These parents must complete drug programs, but they must also complete parenting programs, participate in an array of therapy,

¹⁰ Vivian Brown shared that studies show 50 to 60 percent of a successful outcome rests upon a positive therapeutic alliance. Only 1 to 2 percent is related to the treatment model or methodology used.

participate in home visitation, locate and maintain housing, and learn about time management, budgeting, nutrition, and the developmental needs of their children. These parents must also navigate sometimes byzantine governmental, or inter-governmental, systems to acquire benefits and coverage for themselves and their children. They often must find employment to achieve financial stability to have their cases successfully dismissed. Their most intimate relationships are scrutinized for domestic violence, power and control, abuse, and the setting of healthy boundaries. They may be required to attend support groups, domestic violence classes, and couples counseling. To keep a parent motivated in such a complex and taxing arena is a challenge since many addicts have survived in chaos and find it difficult to master the organization needed to live a life they never were raised to live. Indeed, we know that stress and substance abuse often compromise the brain's executive functioning needed to be organized and timely.

The uncharted territory for the judge in FWC, however, is that the process works best when the judge relinquishes his or her control and status, or at least some of it, to the MDT. Nothing in law school, and very little in legal practice, prepares a judge for the experience of not acting like a judge. We are taught to be in control of our courtroom and those who come before us. Traditional legal education emphasizes detached analysis for judges. Judges are trained to value independence. While independent thinking serves judges well in other assignments, heeding the counsel of others in FWC allows the court team to come to the best approach for each individual parent. In addition, while detachment, and making decisions without being influenced by emotions, is essential to traditional judging, the recognition of and mastery of emotions is key to good drug court judging. In dependency drug court, EQ – or emotional intelligence – is as important as IQ – intelligence quotient.

In identifying our collective goals for FWC, the Oversight and Strategic Planning Committees determined that we wanted to “take the lawyers out of the courtroom” – i.e., we wanted to eliminate the adversarial legal posturing that is so often found in court. By extension, we also “wanted to take the judge out of the courtroom.” Thus, the FWC judge is team mom, team leader, team follower, coach, cheerleader, parent, guide, sherpa, hostess, facilitator, mediator, and more. The FWC judge is not the traditional, forceful, omnipotent leader at the apex of an effort. As the Chinese philosopher Lao Tzu said, “A leader is best when people barely know that he exists; not so good when people obey and acclaim him; worse when they despise him. Fail to honor people, they fail to honor you; but of a good leader who talks little, when his work is done, his aim fulfilled, they will all say ‘We did this ourselves.’”

I relished the expanded role available to me in FWC, but I was discomforted by the undefined and sometimes amorphous role for the judge. Rather than sitting higher in the courtroom – as with a standard courtroom configuration¹¹ – and rather than keeping a distance from the attorneys and litigants, the FWC judge is required to work closely with the MDT and form the therapeutic alliance with the parents. This uncharted territory also caused confusion for the litigants and service providers. Parents would stop me in the street to chat or confess – often attempting to begin improper ex parte which required abrupt termination of the interchange (hard to do while being trauma-informed). Eager and on-the-ball service providers would email updates to me about the litigants – again improper ex parte communications. Despite the disorientation stemming from my fuzzy – and often warm and fuzzy – role as a judge, I found my tenure in FWC to be satisfying to the core. I also learned some lessons, and adopted some terminology, along the way that may prove useful to other bench officers and practitioners.

¹¹ Our juvenile dependency courtrooms have the bench positioned lower than in other courts and counsel table is configured in a horseshoe as opposed to separate and disconnected counsel tables.

1. *“Love in the Room”*: It is imperative to be non-judgmental. There should be no negative judgment and no shame. The judge should try to love each parent unconditionally. The judge needs to lead on this because there will be judgment from others. The judge must not allow it to seep into the courtroom in any way. Initially, it was challenging to talk about love, particularly when parents would say they loved us, since I wanted to remain professional, and demonstrate good boundaries. Yet I wanted to acknowledge that love actually is very important to the parents’ healing process. Thus, it worked for me to talk about the “love in the room” for the parent. One father at the FWC Second Anniversary Party said, “Judge Yew always talked about the love in the room for me and I always felt it and left the room feeling better.” The love uplifts the parents and helps to buoy hopes. All good parenting requires genuine love – love, among other things, spurs children to please their parents and gives power to a parents’ disapproval or sanction. If we are to properly re-parent our parents, we need to talk about love in the room and among the team for our parents. We need to demonstrate that love. One perinatal social worker, Margery Pentland, said that we are expanding our parents’ capacity to love by praising them, accepting them, teaching them they are lovable, opening their hearts, and by modeling the unconditional positive regard we want them to show their children. Ann Louise Wagner, our first FWC therapist assigned to provide counseling for our parents, said, “If we don’t love our clients, we re-wound them.” It might help to keep this quote from David Hawkins in mind: “Love is misunderstood to be an emotion; actually is it a state of awareness, a way of being in the world, a way of seeing oneself and others.”
2. *“Honesty in All Things”*: Addicts can be ever so smart and manipulative. Manipulation is a strong survival skill. The judge and MDT need to hold addicted parents accountable without imposing shame or judgment. We always tried to be strength-based in our communications. Accountability does not mean being derisive. It means being straightforward with someone, advising them of what expectations exist for them, what they did wrong and why they are receiving a sanction. We tell our FWC parents that our first requirement for them is to be honest at all times because we know that honesty is key to their recovery. We also promise the parents that we will always be straight with them.
3. *“Incentives work”*: We have been fortunate to have a number of incentive items that we have received through donations and that we have purchased with grant money. Nearly anything presented with some fanfare and respect will serve as a motivator. Just two thoughts about incentives: First, it is very important to use them to break through the parents’ distrust of the professionals in the system that has removed their children. Second, I believe that it is very important for incentive items to be new and to be in good condition. Our parents are accustomed to cast-offs and they often are provided with used items in residential programs or THU’s¹². They can also acquire used items through community partners. An incentive item has to make the parent feel special and rewarded. It needs to be as sparkling new as possible.
4. *“Sanctions also work”*: Interestingly, incentives work for long-term behavior modification and sanctions work best for short-term behavior modification. In a successful drug court, the judge and MDT need to employ both. The issue of sanctions in FWC is challenging since we do not have the tool of flash incarceration which is such a useful tool in criminal drug courts. We use the following sanctions: requiring the completion of self-tests with a mentor and some questioning or follow up at the next court review, additional court reviews, dropping off meeting slips, doing make-up or extra meetings, writing essays, writing a good-bye letter to

¹² Transitional housing units.

one's child, the MDT's expression of disapproval or disappointment in the courtroom, expression of concern for the parent's situation, withholding the fishbowl¹³ and other incentives.

5. *"The MDT Needs to Work Together"*: Comprehensive clinical staffings are also essential. Staffings often take time because everyone on the team talks and brainstorms. At our staffings we discuss drug testing, status in the recovery program, visitation, home visitation, housing and employment needs, the child's needs, the availability of public benefits, the need for medical, dental, or vision care, domestic violence related issues, challenges arising from the parent's relationship with foster parents or extended biological family members, transportation needs, nutrition and much more. Riccardo Carrillo, another FWC trainer, said FWC has the most comprehensive clinical staffings he has ever seen in his career. Staffings help the team to calibrate and reach consensus on an individualized plan for each parent before the parent comes into the courtroom. It is important for simplicity and clarity of message, among other things, that the MDT speak in a unified voice.
6. *"FWC Is Not About Abstinence; It is About Healing"*: Some drug courts are confrontational and seem satisfied with abstinence. FWC is not about abstinence, it is about healing. We want the parents to be in a place where they will never feel the need to use again. We tell the parents this and demand that they be clean in every aspect of their lives – their body and all their relationships. We say that when one is clean, things are as transparent as glass and one has nothing to hide. This is why Gandhi's quote is integrated into FWC documents given to parents: "Happiness is when what you think, what you say, and what you do are in harmony."
7. *"Eyes on Your Own Paper"*: As with many people in relationships, our parents are sometimes enmeshed in current or past romantic relationships where boundaries are muddled. In addition, with the high presence of domestic violence in our cases, our parents are often living out the dynamics of power and control before our eyes. When it appears that one parent is unduly concerned about the progress, successes, failures, or child visitation of the other parent, we remind that parent that recovery is about that parent's own status and internal work. The phrase, "eyes on your own paper" resonates with most people and conveys the message.
8. *"Relapses Are Understood but Not Excused"*: While we do not want parents to become mired in shame and despair after a relapse, we also do not want them to think that relapse is acceptable. The goal is to have parents not relapse. But if they do relapse, then it is better that they relapse while still in FWC when there are safeguards in place for the child and the parent, as opposed to after the case has dismissed and they are on their own. In attempting to be both understanding and yet firm in holding parents accountable, we adopted the idea that relapses are understood, but not excused. In addition, we reminded parents that they should not lose hope and that it was never too late to change. We put Maria Robinson's quote on a board in the

¹³ The fishbowl is FWC's way of motivating parents. If the parent is in full compliance, each time he or she comes into the courtroom for review, the parent can select a slip of paper from the fishbowl. The slips identify a practical incentive item that is earned by the parent. For example, the parent can pull a slip for a book of healthy recipes, sunglasses, a flashlight, a candle, or a CD of music. Alternatively, the fully compliant parent can choose a coupon. Saving coupons allows the parent to obtain larger incentive items such as a portrait with his or her child, a digital camera with memory card, or a vacuum cleaner. As with parenting, it is important to be consistent when rewarding with the fishbowl and it is equally important to be transparent when a fishbowl is being denied.

courtroom: “Nobody can go back and start a new beginning, but anyone can start today and make a new ending.”

9. “*Come Back and Shine*”: At all times, it is most useful to maintain strength-based language and communication. Behavior modification includes failures and setbacks. After parents are told that they are failing or missing the mark, we tell them that we know they can do the work and we have faith in them. I tell them to “come back next time and shine”.
10. “*Be Authentic*”: As judges, we are trained to remain detached and guarded – even inscrutable. For drug court to really work, however, the judge has to let down his or her barriers. We have to be authentic and fully present. As Dr. Gabor Mate, author of *In the Realm of Hungry Ghosts*, said:

“When my addict patients look at me, they are seeking the real me. Like children, they are unimpressed with titles, achievements, worldly credentials. Their concerns are too immediate, too urgent.... What they are about is my presence or absence as a human being. They gauge with unerring eyes whether I am grounded enough on any given day to coexist with them, to listen to them as persons with feelings, hopes, and aspirations that are as valid as mine. They can tell instantly whether I’m genuinely committed to their well-being or just trying to get them out of my way. Chronically unable to offer such caring to themselves, they are all the more sensitive to its presence or absence in those charged with caring for them.

It is invigorating to operate in an atmosphere so far removed from the regular workaday world, an atmosphere that insists on authenticity. Whether we know it or not, most of us crave authenticity, the reality beyond roles, labels, and carefully honed personae. ... [FWC] offers the fresh air or truth, even if it’s the stripped, frayed truth of desperation. It holds up a mirror in which we all, as individual human beings and collectively as a society, may recognize ourselves. The fear, pain, and longing we see are our own fear, pain, and longing. Ours, too, are the beauty and compassion we witness here, the courage and the sheer determination to surmount suffering.”

