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# How does family drug treatment court participation affect child welfare outcomes?<sup>★</sup>

Elizabeth Joanne Gifford<sup>a,\*</sup>, Lindsey Morgan Eldred<sup>b</sup>, Allison Vernerey<sup>b</sup>, Frank Allen Sloan<sup>b</sup>

- <sup>a</sup> Center for Child and Family Policy, Duke University, Box 90545, 214 Rubenstein Hall, 302 Towerview Road, Durham, NC 27708, USA
- <sup>b</sup> Department of Economics, Duke University, USA

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#### ABSTRACT

Parental substance use is a risk factor for child maltreatment. Family drug treatment courts (FDTCs) have emerged in the United States as a policy option to treat the underlying condition and promote family preservation. This study examines the effectiveness of FDTCs in North Carolina on child welfare outcomes. Data come from North Carolina records from child protection services, court system, and birth records. Three types of parental participation in a FDTC are considered: referral, enrolling, and completing an FDTC. The sample includes 566 children who were placed into foster care and whose parents participated in a FDTC program. Findings indicate that children of parents who were referred but did not enroll or who enrolled but did not complete had longer stays in foster care than children of completers. Reunification rates for children of completers were also higher. Outcomes for children in the referred and enrolled groups did not differ in the multivariate analyses. While effective substance use treatment services for parents may help preserve families, future research should examine factors for improving participation and completion rates as well as factors involved in scaling programs so that more families are served.

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#### Introduction

Parental substance use is a prevalent global issue that has negative consequences for children (Barnard & McKeganey, 2004; Scott, 2009). An estimated 12% of U.S. children from 2002 to 2007 lived with at least one parent who abused alcohol or drugs (SAMSHA, 2009). Estimates from a 1990 Canadian sample found that 17% of children had a parent who experienced a substance use problem (Walsh et al., 2003), and an estimated 30% of children in the United Kingdom in 2004 lived with a parent who was a binge drinker (Manning, Best, Faulkner, & Titherington, 2009). Parental substance use is particularly relevant to child welfare as children whose parents misuse or abuse substances are disproportionately the victims of neglect or abuse, which may lead to placement in a foster home (Christoffersen & Soothill, 2003; Cunningham & Finlay, 2013; De Bortoli, Coles, & Dolan, 2013; Dunn et al., 2002; Young, Boles, & Otero, 2007). Further, parental substance use has been linked to other poor outcomes including lower probability of reunifying with a caregiver (Courtney & Hook, 2012), higher probability of termination of parental rights (Harris-McKoy, Meyer, McWey, & Henderson, 2013), and higher probability of being re-reported to child protection services (Laslett, Room, Dietze, & Ferris, 2012).

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<sup>\*</sup> Corresponding author.

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As one strategy for addressing parental substance use for families involved with child welfare, most states have implemented family drug treatment courts (FDTCs) (American University School of Public Affairs, 2012). These courts first appeared in the United States and were structurally modeled after drug treatment courts, though many of the key components had to be reformulated to address the unique needs of participants and their children (Pach, 2008). Recently, based on the experience of the United States, family drug and alcohol courts have been adopted in the United Kingdom and are based on the U.S. model (Bambrough, Shaw, & Kershaw, 2013; Harwin et al., 2011). In addition, a Churchill Fellow has recommended that Australia consider implementing such courts (Levine, 2011).

Family drug treatment courts aim to reduce maltreatment by treating the underlying substance use problem through the collaborative efforts of treatment professionals in child welfare, the courts, and substance abuse agencies (Bureau of Justice Assistance, 2004). In contrast to adult drug treatment courts, which obtain referrals from the criminal courts, FDTCs in the United States obtain referrals from a caregiver, a parent's attorney, a Department of Social Services (DSS) social worker, an attorney, a guardian ad litem, or a family court judge (Worcel, Green, Furrer, Burrus, & Finigan, 2007). FDTC participation is voluntary, and a parent may refuse to enroll; a parent is eligible when s/he has a chemical dependency that was a contributing factor in the maltreatment substantiation or dependency and has a pending case before the dependency court (Worcel et al., 2007). Such courts provide intensive judicial monitoring, timely and integrated treatment and wraparound services, frequent drug testing, weekly or biweekly court hearings, and rewards and sanctions associated with treatment compliance (Chuang, Moore, Barrett, & Young, 2012). These similarities exist in programs in the United States and in the United Kingdom; however, programs in the United Kingdom have a few key differences. For instance, cases enter the program at a later stage, residential treatment facilities are used infrequently, and the use of Alcoholics Anonymous or Narcotics Anonymous is not typically an integral part of the treatment plan (Levine, 2011).

Although a local program may add other eligibility requirements, all courts in our study in North Carolina follow the state eligibility requirements. These basic requirements are that the parent be under the jurisdiction of the district court for a pending abuse, neglect, or dependency case; be diagnosed as chemically dependent or borderline chemically dependent; and agree to participate in the treatment court program (N.C. Administrative Office of the Courts [NCAOC], 2014a,b). In addition, a committee established legal best practices and standardized forms for FDTCs in North Carolina (NCAOC, 2014b).

Because a parent or guardian must have a pending abuse, neglect, or dependency case, FDTCs use the retaining or regaining of child custody as an incentive for participants to enroll in and complete the program. Abuse, neglect, and dependency cases are before the court in order for a judge to decide whether the status or condition of the child warrants government involvement (Hatcher, Mason, & Rubin, 2011).

Evidence from prior studies suggests that children of adults who enroll in FDTCs spend less time in foster care and experience higher rates of reunification with parents than children of similar adults not enrolled in FDTCs (Bruns, Pullmann, Weathers, Wirschem, & Murphy, 2012; Chuang et al., 2012; Worcel, Furrer, Green, Burrus, & Finigan, 2008). One small pilot study found evidence of lower probability of termination of parental rights following parental FDTC involvement (Dakof et al., 2010). However, these findings mainly come from single court studies serving a single county (e.g., Ashford, 2004; Boles, Young, Moore, & DiPirro-Beard, 2007; Bruns et al., 2012; Chuang et al., 2012), and were based on relatively small samples (e.g., Dakof et al., 2010; Green, Furrer, Worcel, Burrus, & Finigan, 2007).

The current study examines two questions. First, how does parental participation in the FDTC program affect length of time in foster care? Second, does participation in an FDTC affect reunification rates for youth in foster care? Engaging in a treatment program in which multiple resources, not just drug treatment, are provided to a participating family should yield a positive benefit and remediate the initial reason for removal, e.g., substance use. Although these questions have been addressed in part in other research, this study uses data from all FDTCs in one state and does not rely on the selection bias inherent in using only a small sample of courts that agree to release their data for a study.

#### Literature

A literature on FDTC effectiveness has emerged but remains relatively sparse (see Table 1). Our literature review revealed only 9 studies that have examined the effectiveness of FDTCs at improving child welfare outcomes. One of the most studied questions in this literature is, "Does FDTC participation affect the amount of time children spend in foster care?" This question is salient because federal legislation through the Adoption and Safe Families Act of 1997 (Public Law 105-89) requires that permanency hearings be held within 12 months of a child entering temporary custody. The rationale for this time period reflects concerns that developing children need to have a secure attachment. However, this time period is relatively short from the perspective of treating an underlying substance use disorder (Bureau of Justice Assistance, 2004). Results from existing studies about how time in foster care is affected by FDTC participation are mixed. Although the results of some studies have suggested shortened length of time (Bruns et al., 2012; Burrus, Mackin, & Finigan, 2011; Green, Furrer, et al., 2007; Worcel et al., 2008), other studies find the opposite (Chuang et al., 2012). One study (Green, Furrer, Worcel, Burrus, & Finigan, 2009) found that the effect of FDTC on time in care varied by site.

Another frequently asked question is, "Does FDTC participation affect the probability that youth are reunified with their parents?" Reunification and family preservation is generally considered a positive outcome—from both the civil rights perspective and the child development perspective (Lloyd & Barth, 2011). As evidence of this view, there are strict legal protections in place to regulate the removal of a child and the termination of parental rights (Huntington, 2006). In some cases of child neglect or abuse, protecting the child requires that the child be removed from the home and potential termination of

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