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An analysis of the impact of the Strengthening Families Program on family reunification in child welfare ☆

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ABSTRACT

This study examines reunification outcomes of children of alcohol or other drug involved parents who were placed in foster care and received the Strengthening Families Program as part of their child welfare service intervention. Following the use of propensity score matching to generate a comparison group, survival analysis was utilized to predict reunification rates. Strengthening Families participants had a significantly higher reunification rate than matched families who did not receive this intervention. Time to reunification was run from two points in the life of the child welfare case: from the date of child removal from the home and from the date of Strengthening Families Program start. In both instances, our analyses indicated that the Strengthening Families Program participants were significantly more likely to reunify than comparison cases.

1. Introduction

The role of parental substance abuse in child maltreatment has gained attention in recent years, and interventions targeted at facilitation of successful family reunification for this population are being developed and tested at numerous sites across the country. While the presence of parental substance abuse as a precipitant to child welfare service (CWS) involvement is present in 40–60% of all foster care cases, there is surprisingly little empirical research evaluating the effectiveness of interventions aimed at facilitating successful reunification for substance involved families who have experienced child removal from the home (Barth, 2009; Testa & Smith, 2009; U.S. Department of Health & Human Services (HHS), 1999; Young, Gardner, & Dennis, 1998).

As part of a large nationwide funding initiative to address the gap in services and research related to substance use and abuse in child welfare, the Strengthening Families Program (SFP) is currently being implemented statewide in this Midwestern US State, as part of a five-year grant to the Children and Family Services (CFS) division of the State's social and rehabilitative services. The project began in October 2007, and families began receiving the service in February 2008. Target families included in this study are those families with CWS involvement who have a child in out-of-home placement, who have a case plan goal of family reunification, and for whom substance abuse is determined by the caseworker to be a contributing factor in the child welfare case. Staffs in six private foster care provider agencies have received six trainings as SFP leaders since 2008, and are trained in two age-specific versions of the SFP program curriculum (target child ages 3–5 and 6–11). The sites have also received monthly support in the form of conference calls with the program developer. Site visits by the program developer have taken place annually in order to assess program fidelity and to provide support to each of the program sites. The program is generally provided in weekly meetings for a 14-week period, with four leaders/trainers and a site coordinator involved in each session. SFP leaders/trainers and participants are divided into parent and children groups for a portion of the curriculum and are together before and after the curriculum content is delivered. The sessions begin with a family meal and are followed by age-specific group breakouts for children (ages 3–5, ages 6–11, or both) and a parent breakout group. The families are then reunited to practice implementing the information they have just learned and to help integrate information learned in previous sessions. As part of the grant funding, child welfare providers are expected to conduct two sessions each year (fall and spring) with a maximum of 10 to 12 families starting each 14-week session.

SFP was developed in the early 1980s by Karol Kumpfer, and evaluated in National Institute of Drug Abuse randomized control trials from 1982 to 1986 (Alvarado & Kumpfer, 2000; Kumpfer & Alavrado, 2003; Kumpfer, Alvarado, & Whiteside, 2003). It has been implemented

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in various settings worldwide since that time. It is currently listed on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) with outcomes tested in the domains of family relationships, parenting practices and efficacy, and children's behaviors (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (HHS/SAMHSA), 2007). The program focuses on three targeted areas: parenting skills training, child skills training, and family training. Content is focused on child development, behavior management techniques, child skills training, family skills enhancement and attachment/bonding, parental supervision, and psycho-educational material targeted at improving the parent child relationship. It is noteworthy that complete abstinence from alcohol and other drugs (AOD) or participation in substance abuse treatment is not a requirement for participation in SFP. Only one of the 14 sessions of SFP focuses on substance abuse directly. According to information presented in the NREPP, SFP is currently being utilized in every state nationwide and in 17 countries worldwide.

The research evaluation presented in this work received human subject's approval from the University of Kansas Institutional Review Board. The researchers conducting this evaluation are not affiliated with the program developer of the Strengthening Families Program and have no direct or indirect financial or other interest in the promotion or utilization of SFP.

The SFP is theoretically based on Patterson's (1976) behavioral parenting model, Shure and Spivak's (1979) social skills training program, and Forehand and McMahon's (1981) curriculum described in *Helping the Noncompliant Child*. It was chosen for this Midwestern State implementation because it contained key elements that stakeholders believed needed to be addressed: parent behaviors, child behaviors, and overall family functioning among families characterized by substance abuse. SFP was designed specifically for substance abusing families, and was designed with primary prevention of child maltreatment as a focus.

1.1. Substance abuse and child welfare services

Research on the specific impact of child welfare services on reunification for substance abusing families is scant, and what has been published yields mixed results (Testa & Smith, 2009). In child welfare caseloads overall, family reunification has been demonstrated to be impacted by a multitude of factors, many of which are intertwined with one another and are predictive of poor outcomes in a multitude of domains. Family characteristics such as structure, composition, and income level have been shown to be predictive of reunification timeliness. Children removed from single parent homes return home more slowly than those removed from two-parent households (Courtney, 1994; Fraser, Walton, Lewis, Pecora, & Walton, 1996; Thomlison, Maluccio, & Abramczyk, 1996). The presence of poverty also reduces the reunification rate of children (Courtney, 1994; Fernandez, 1999; Festinger, 1996). In a comprehensive review of reunification patterns, Wulczyn (2004) reported that age of the child is an important consideration: children younger than age 2 are more likely than older children to be reunified in the first six months of placement, and young children (ages 1–12) are more likely to leave foster care through reunification with parents, whereas infants under age 1 are more likely to exit foster care through adoption. The impact of age has also been shown to be moderated by family ethnicity—with reunification differences associated with age increasing if the child is African American (Wells & Guo, 1999; Wulczyn, 2004). Family ethnicity has also been shown to influence the timing of family reunification—with Caucasian children reaching reunification the fastest of any ethnic group, followed by Asian, Latino, and African-American children (Courtney, 1994, 1995; Roberts, 2002; Wells & Guo, 1999). Child characteristics, such as behavioral or medical disabilities, also negatively impact the likelihood of reunification as well as reunification stability (Teare, Becker-Wilson, & Larzelere, 2001; Wells & Guo, 1999).

Barth (2009) reported that five parental/familial risk factors are predictive of child maltreatment: substance abuse, mental illness, domestic violence, child conduct problems, and poverty. The first four of these have been addressed through the implementation of specialized parent training programs. It is not news that families characterized by substance use disorders in the child welfare system have traditionally had poor outcomes when compared to non-substance-abusing families. However, the mechanisms through which substance abuse leads to child abuse and neglect remain elusive, and the characteristics of successful service delivery systems that are required to facilitate timely reunification have yet to be identified. It is entirely possible that (in addition to the complexity of the client's lives) the service delivery characteristics in child welfare service systems, AOD and mental health treatment communities, and court systems also play a complex and interrelated role. Substance abuse is often present with a host of other individual, family, and case characteristics resulting in a complex set of interactions and characteristics that make service delivery and evaluating the impact of a single intervention difficult. Testa and Smith (2009) reported that data from a large demonstration project that focused on those with substance abuse problems in child welfare indicate that in only 8% of the cases was substance abuse identified as the "sole problem." Further, how different caseworkers, agencies, or local jurisdictions classify substance abuse can also vary, creating an artificial conglomeration of families designated as substance involved, who may or may not share the same substance-using characteristics or addiction severity. In a recent work co-authored by these authors, families in a State's foster care system were stratified by presence and type of substance abuse (alcohol only involvement, illicit drug only involvement, both alcohol and drugs, and neither alcohol nor drug involvement) and our research indicated that differentiating child welfare cases on the basis of type of substance used revealed significant differences in time to reunification. Those cases with illicit drug only abuse or both alcohol and other drug abuse had over 100 days longer to reunification than those parents who were alcohol only involved, and 200 days longer than those cases where no substance use was noted as a child removal reason. This research suggests that disaggregating parental AOD abuse may have merit in the context of child welfare knowledge and interventions (Brook, McDonald, Gregoire, Press, & Hindman, 2010).

It is also widely noted in the literature that addressing underlying risk factors through comprehensive family services is vital to family reunification efforts (Barth, 2009; Testa & Smith, 2009). Marsh, Ryan, Choi, and Testa (2006), in a study of substance involved families in CWS, found that services that fall into the child welfare service model alone are not sufficient to promote reunification, and that families with substance abuse are often accompanied by a multitude of problems and, therefore, must have targeted assistance in multiple domains. Their study of 724 CWS involved families found that progress in co-occurring domain areas such as domestic violence, mental health, and substance abuse increased the likelihood of reunification. They argued for integrated service delivery models that are inclusive of the multiple needs of these families, rather than standard child welfare models.

1.2. Parenting skills training

In theory, parent training is in part aimed at preventing the onset or recurrence of child maltreatment through teaching parents needed skills and enhancing their functioning in areas which have been shown to increase risk. Some parent training programs also include interventions aimed at increasing children's skills and overall family functioning rather than focusing solely on the parents. In our review of the literature, we found several meta-analyses published that assess the effectiveness of parent training for generalized community