

Family Drug Court Literature Review
Children and Family Futures
December 2016

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Family Drug Court Model and Overview

Bambrough, S., Shaw, M., & Kershaw, S. (2014). The family drug and alcohol court service in London: A new way of doing care proceedings. *Journal of Social Work Practice*, 28(3), 357-370. <http://dx.doi.org/10.1080/02650533.2013.801833>

In this article, three professionals from the Tavistock & Portman NHS Foundation Trust, who have been instrumental in developing the Family Drug and Alcohol Court (FDAC) clinical model, introduce the background to this project. The FDAC model is highly dependent on a collaborative approach from local authorities, Government, the Courts, the NHS and the charitable sector, and we hope to give a flavor of that here. In addition to describing what it is that makes FDAC significantly different from other models of working, we also want to give a description of what it is like to be a social worker within the multi-disciplinary team.

Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What works? The 10 key components of drug court: Research-based best practices. *Drug Court Review, Special Issue*, 7(1), 6-42.

The first generation of research on most programs addresses the basic question of whether the program can be effective under typical conditions. Studies compare the effects of the program to no treatment or to alternative programs addressing the same condition and determine whether, on average, it significantly outperforms the alternatives. These so-called horse races are necessary to decide whether continuing to invest time and effort in the intervention is justifiable, but they do not grapple with the more important questions of who the program is most effective for (i.e., its target population), how to make it most efficient and cost-effective, and how to avoid any negative side effects it might produce.

Center for Substance Abuse Treatment. (2011). *Introduction to cross-system data resources in child welfare, alcohol and other drug services, and courts*. HHS Publication No. (SMA) 11-4630. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://store.samhsa.gov/shin/content/SMA11-4630/SMA11-4360.pdf>

This guide was developed for use by management and administrative officials at the State, county, and tribal level who wish to develop cross-system relationships in child welfare, alcohol, and other drug services, and court systems. The guide presents detailed information on five child welfare data-reporting systems, three other child welfare data systems, five alcohol and other drugs system data, two court system information sources, two tribal child welfare data systems, and one tribal health system data source. The child welfare data-reporting systems are the Statewide Automated Child Welfare Information System, the Adoption and Foster Care Analysis and Reporting System, the National Child Abuse and Neglect Data System, the National Youth in Transition Database, and the Child and Family Services Review. Other data systems discussed include the Longitudinal Studies of Child Abuse and Neglect, the Center for State Foster Care and Adoption Data, the National Data Analysis System, the Treatment Episode Data Set, the National Survey of Substance Abuse and Treatment Services, the Inventory of Substance Abuse Treatment Services, the National Survey on Drug Use and Health, and the National Outcome Measures for Co-Occurring Disorders. Additional systems include the National Consortium on State Court Automation Functional Standards, Dependency Court Performance Measures, child welfare data from the Bureau of Indian Affairs and the HIS Resource and Patient Management System, and tribal health system data from the Resource and Patient Management System.

Children and Family Futures. (2011). *The collaborative practice model for family recovery, safety, and stability*. Irvine, CA: Children and Family Futures. Retrieved from <http://www.cffutures.org/files/PracticeModel.pdf>

This document discusses ten system linkage elements that child welfare, substance abuse treatment, and juvenile court dependency systems, as well as other agencies and providers working with these systems, should use to collaborate with one another. Collaborative practice is defined as the use of these ten system linkage elements by two or more systems, agencies, or providers to improve child and family outcomes. The purpose of this document is to define and provide examples of collaborative practice in each of the ten system linkage elements. State and community collaborative groups can use this information to guide their own efforts to implement collaborative practice in their own communities.

Children and Families Futures. (2013 rev 2015). *Guidance to states: Recommendations for developing family drug court guidelines*. Washington, DC: U.S. Department of Justice, Office of Justice Programs Office of Juvenile Justice and Delinquency Prevention. Retrieved from <http://www.cffutures.org/files/publications/FDC-Guidelines.pdf>

As a component of the Technical Assistance program of the Office of Juvenile Justice and Delinquency Prevention, Children and Family Futures partnered with the National Drug Court Institute, Federal, State, and other stakeholders to create these recommendations. It is hoped that the document will be used by States to develop their own recommendations but also by local FDCs as a tool for courts and administrative agencies who are beginning an FDC or seek to improve their operations. This document provides the description of each recommendation, the supporting evidence, and examples of effective strategies on how that recommendation can be implemented. The guidance also provides a common vocabulary to begin the collaborative effort to implement an FDC, including specific direction to maximize collaboration efforts for States.

Choi, S. (2012). Family drug courts and child welfare. *Child and Adolescent Social Work Journal*, 29(1), 447-461.

The purpose of this paper is (1) to review the policy and theory behind family drug courts, (2) to review empirical evidence of family drug courts, and (3) develop policy and intervention implication based on this review. Author identified three practice implications including the need for FDCs to develop strategies that motivate parents to engage and stay in treatment, remain drug free and function as parents. The second practice implication is the need for special attention to minority families in child welfare, especially substance using women. The third practice implication focuses on the need for inter-agency collaboration and integration of service delivery for families involved with the Child Welfare system. The author also identified four policy implications including the need to recognize the limited intervention capabilities of FDCs, the second implication is that public policy should recognize the complex set of factors that contribute to drug addiction. Third, FDCs should safeguard the rights of parents, and lastly the author emphasizes the need for systematic evaluation to determine impacts of FDCs on clients.

DeMatteo, D., Filone, S., & LaDuke, C. (2011). Methodological, ethical, and legal considerations in drug court research. *Behavioral Sciences & the Law*, 29(6), 806-820.

Since their inception in the late 1980s, drug courts have become the most prevalent specialty court in the United States. A large body of outcome research conducted over the past two decades has demonstrated that drug courts effectively reduce drug use and criminal recidivism, which has led to the rapid proliferation of these courts. Importantly, drug court research has flourished despite the many challenges faced by researchers when working with a vulnerable population of justice-involved substance users. In this article, we highlight the most common methodological, ethical, and legal challenges encountered in drug court research, and discuss ways in which researchers can overcome these challenges to conduct high-quality research. Drug court research exemplifies how rigorous empirical investigation can be accomplished in the criminal justice system, and it can serve as a useful model for researchers working in other parts of the judicial system.

Dice, J. L., Claussen, A. H., Katz, L. F., & Cohen, J. B. (2004). Parenting in dependency drug court. *Juvenile and Family Court Journal*, 55(3), pp. 1-10.

This article discusses the underlying approach and philosophy of the Miami-Dade Dependency Drug Court (DDC), which addresses the needs of families affected by substance abuse through a comprehensive and therapeutic approach. The DDC works with community agencies to provide services that effectively treat the family as a unit. The DDC provides a model approach to addressing risk factors associated with substance abuse in families and a model approach to collaboration with community stakeholders. This article discusses the process of adapting a parenting program to meet the needs of families in the DDC.

Dobbin, S., Gatowski, S., & Maxwell, D. (2004). Building a better collaboration: Facilitating change in the court and child welfare systems. *Technical Assistance Bulletin*, 8(2). Reno, NV: National Council for Juvenile and Family Court Judges.

The purpose of this article is to provide a framework for engaging systems change between child welfare and the judicial system.

Family court and outpatient treatment hoped to lead to more reunification. (2008). *Alcoholism & Drug Abuse Weekly*, 20(20), pp. 1-6.

The article reports on the joint effort of the Department of Human Resources (DHS) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to improve parent reunification in the state. The two agencies believe that the problems in the state's foster care system could be solved by expanding the family court program, which aims to reunify parents who are substance-dependent. They funded the assessment and treatment for these parents.

Fay-Ramirez, S. (2015). Therapeutic jurisprudence in practice: Changes in family treatment court norms over time. *Law & Social Inquiry*, 40(1), 205-236. doi: 10.1111/lsi.12067

Family treatment court (FTC) is an example of an increasing number of problem-centered courts currently operating in the United States. Problem-centered courts such as FTC encompass the ideas of therapeutic jurisprudence but operate within the broader court system. Presented are the results of an FTC case study that seeks to understand the evolution of courtroom norms and practice over time. Observations of courtroom interactions and interviews with courtroom personnel show that initial observations are consistent with the ideals of therapeutic jurisprudence. However, over time, daily demands and pressures on the courtroom undermine the therapeutic approach.

Folkman, C. J. (2005). Family drug courts: A new approach to help solve the crisis in child welfare. *Children's Legal Rights Journal*, 25(4), 15-24.

This article describes the potential of family drug courts to meet the needs of those who are impacted by substance abuse and involved with the child welfare system. Family drug courts are developed through judicial leadership and collaborative work between attorneys, social service providers, and child welfare agencies in jurisdictions throughout the country in an attempt to meet those needs.

Gatowski, S. I., Dobbin, P. D. S. A., & Summers, A. (2013). Exploring the value-added of specialized problem-solving courts for dependency cases. In R. L. Wiener & E. M. Brank (Ed.), *Problem solving courts: Social science and legal perspectives* (pp. 33-53). New York: Springer.

Expanding the use of problem-solving techniques into other courts and making their use more widespread is considered to hold great promise for improving the judicial branch's ability to respond positively to the needs of its constituents. However, can the core principles of stand-

alone specialized drug courts, for example, be productively applied throughout court systems? Which problem-solving principles and practices are more easily applied in traditional court processes and which are less easily applied? Dependency courts or child welfare courts provide a unique opportunity to examine these questions. In this chapter, we provide an orientation to the widely recognized theory of “best practice” framework for dependency case processing as it requires a collaborative problem-solving approach to the resolution of child abuse and neglect cases. We compare and contrast this foundational “best practice” dependency court model with family drug courts (FDCs), which are the most prevalent specialized problem-solving court in the child abuse and neglect case context. We also present research exploring the different procedures and outcomes associated with the implementation of three problem-solving court models in one state. This research provides insight into the operation of problem-solving court features in the dependency court context and sheds light on how best to coordinate between cases handled by a traditional dependency court process and those assigned to specialized models such as FDCs in order to maximize the use of specialized models for those individuals who need them most.

Gifford, E. J., Eldred, L. M., Sloan, F. A., & Evans, K. E. (2016). Parental criminal justice involvement and children's involvement with child protective services: do adult drug treatment courts prevent child maltreatment? *Substance Use & Misuse, 51(2), 179-192.*

Abstract: Background: In light of evidence showing reduced criminal recidivism and cost savings, adult drug treatment courts have grown in popularity. However, the potential spillover benefits to family members are understudied. Objectives: To examine: (1) the overlap between parents who were convicted of a substance-related offense and their children's involvement with child protective services (CPS); and (2) whether parental participation in an adult drug treatment court program reduces children's risk for CPS involvement. Methods: Administrative data from North Carolina courts, birth records, and social services were linked at the child level. First, children of parents convicted of a substance-related offense were matched to (a) children of parents convicted of a nonsubstance-related offense and (b) those not convicted of any offense. Second, we compared children of parents who completed a DTC program with children of parents who were referred but did not enroll, who enrolled for <90 days but did not complete, and who enrolled for 90+ days but did not complete. Multivariate logistic regression was used to model group differences in the odds of being reported to CPS in the 1 to 3 years following parental criminal conviction or, alternatively, being referred to a DTC program. Results: Children of parents convicted of a substance-related offense were at greater risk of CPS involvement than children whose parents were not convicted of any charge, but DTC participation did not mitigate this risk. Conclusion/Importance: The role of specialty courts as a strategy for reducing children's risk of maltreatment should be further explored.

Harrell, A., & Goodman, A. (1999). *Review of specialized family drug courts: Key issues handling child abuse and neglect cases.* Washington DC: U. S. Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/179281.pdf>

This article looks at how FDCs relate to general trends in child welfare reform, lessons from FDCs, and raising interest in therapeutic jurisprudence. The goal is to provide a context for understanding the objectives and challenges courts face in developing effective interventions for substance-abusing parents in FDCs and suggests areas for further research and evaluation.

Harwin, J., & Ryan, M. (2008). The role of the court in cases concerning parental substance misuse and children at risk of harm. *Journal of Social Welfare & Family Law, 29(3-4), 277-292.* <http://dx.doi.org/10.1080/09649060701752299>

This article explores the potential of a specialist family drug and alcohol court, a new court-based intervention to be piloted by government, for children at risk of care proceedings due to parental substance misuse. It examines the reasons for the initiative and considers its potential to improve

outcomes for children. It concludes with a discussion of the key issues to be tested out through an independent evaluation of the pilot.

Heideman, R. J., Cole-Mossman, J., Hoetger, L., & Hazen, K. (2016). Giving parents a voice: A case study of a family treatment drug court track in Lancaster County, Nebraska. *Court Review*, 52(1), 36-42.

The article presents a case study of a Family Treatment Drug Court (FTDC) Track in Lancaster County, Nebraska. Topics discussed include history family drug courts (FDCs) in the state; the court's efforts to address psychological and social issues that individuals bring before the court such as drug addiction, mental illness, and domestic violence; and Parents' Perceptions of Procedural Justice in FTDCs.

Huddleston, W., & Marlowe, D. B. (2011). *Painting the current picture: A national report on Drug Courts and other Problem Solving Court programs in the United States*. Alexandria, VA: National Drug Court Institute. Available at <http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>

This document is a national report on Drug Court and other Problem-Solving Court activity in every state, commonwealth, territory and district in the United States as of December 31, 2009 (Part I) and as of December 31, 2008 (Part II). Specific to this volume and in addition to reporting on the aggregate number and types of operational Drug Courts and other Problem-Solving Court programs throughout the United States, a major section of this report is dedicated to recent research findings related to the most prevalent Drug Court models. Additionally, sections are dedicated to analyses of national survey data on Drug Court capacity; drug-of-choice trends among Drug Court participants in rural, suburban and urban areas; average graduation rates; participation costs; state Drug Court authorization legislation and funding appropriations; and international Drug Court activity. Finally, this year's report provides first-ever national demographic data on racial and ethnic minority representation among Drug Court participants.

Lawler, J. M., Gehrman, R., & Karatekin, C. (2016). Maltreated children and their families in juvenile dependency court II: Maltreatment recidivism. *Journal of Public Child Welfare*, 10(2), 215-236. doi:10.1080/15548732.2016.1141151

The most serious maltreatment cases are referred to Juvenile Dependency Court. Eighty-eight court records were coded for factors related to maltreatment recidivism, including prior involvement histories, differential response, and placement changes. Seventy-two percent of caregivers had previous involvement, which correlated with family size and number of presenting concerns. When caregivers were offered voluntary services previously, 15% were completed. Children of substance-abusing caregivers were more likely to have prior involvement with the system. On average, children experienced four placement changes. Almost half of children reunified with caregivers had to be removed by the court. Recommendations and future directions are discussed.

Legal Action Center. (2012). *Confidentiality and communication: A guide to the federal drug & alcohol confidentiality law and HIPAA*. 7th ed. New York: Legal Action Center of the City of New York, Inc. (Treatment section)

This guide is written to help guide agencies in understanding and following complex confidentiality regulations specific to alcohol and drug programs. It features a section on electronic health record systems, including Health Information Exchange Systems, and information on broadened privacy protections under HITECH Act, SBIRT, security cameras on program's premises, relationship between the Dep't of Transportation regulations regarding alcohol and drug testing and reporting.

Lesperance, T., Moore, K. A., Barrett, B., Young, M. S., Clark, C., & Ochshorn, E. (2011). Relationship between trauma and risky behavior in substance-abusing parents involved in a Family Dependency Treatment Court. *Journal of Aggression, Maltreatment & Trauma, 20(2), 163-174.*

This exploratory study examined participants in a Family Dependency Treatment Court (FDTC), designed for substance abusing parents whose children were removed from the home. Twenty-five participants were interviewed one year after FDTC enrollment to assess retrospectively the relationship between trauma history and risky behaviors. Treatment compliance rates were found to be high, and most participants had negative urinalysis results. Qualitative analyses revealed that approximately half of the participants attributed decreases in risky behaviors to the FDTC program. This study increases understanding of the effect of substance abuse and trauma on high-risk behaviors and might help to improve services for substance-abusing parents involved in the child welfare system. Finally, the future success of reducing child abuse and neglect and parental substance use could hinge on the partnership between judicial and substance abuse treatment through FDTCs. Findings from this exploratory pilot study should be replicated with more representative and larger samples.

Lloyd, M. H., & Brook, J. (2014). Strengths based approaches to practice and family drug courts: Is there a fit? *Journal of Family Strengths, 14(1), 1-23.*

Substance abuse among child welfare service recipients has proven to be a challenging obstacle to child safety, permanence and well-being. The use of family drug courts as a specialized intervention for working with substance affected families has risen dramatically in the past decade, and emanates from the notion of therapeutic jurisprudence. At the same time family drug courts have grown, the use of strengths based approaches to practice has also proliferated among child welfare practitioners. This work examines the intersection of family drug courts and strengths based practices, and encourages to reader to consider that while the court system would at first blush appear to belie the foundation of the strengths perspective, the two approaches are theoretically and practically quite compatible.

Lloyd, M. H., Johnson, T., & Brook, J. (2014). Illuminating the black box from within: Stakeholder perspectives on family drug court best practices. *Journal of Social Work Practice in the Addictions, 14(4), 378-401.*

This article describes a mixed-methods, concept mapping study in an urban family drug court (FDC) designed to identify keys to FDC success from stakeholders' perspectives. Participating FDC team members and clients developed a set of items they deemed integral to an FDC, thematically clustered the items, and then rated their relative importance. Using these data, cluster analysis and multidimensional scaling generated 6 themes perceived as contributing to positive outcomes. Resultant concept maps revealed that, compared to team members, clients view relational aspects of the FDC as more important. The findings point to implications for future research and social work practice.

Malbin, D.V. (2004). Fetal alcohol spectrum disorder (FASD) and the role of family court judges in improving outcomes for children and families. *Juvenile and Family Court Journal, 55(2), pp. 53-63.* (Addressing needs of children?)

The purpose of this article is to support increased recognition and efficacy of services for people with Fetal Alcohol Spectrum Disorder (FASD) in the legal system. FASD is under-reported, under-diagnosed, and over-represented in juvenile justice. Prenatal alcohol and other drug exposure causes brain damage that affects behaviors, e.g., poor judgment, impulsivity, difficulty learning from experience, and difficulty understanding consequences, leading to multiple diagnoses such as Attention Deficit Disorder, Conduct Disorder, Oppositional Defiant Disorder and Emotionally Disturbed. FASD is an invisible physical disability; most people with FASD have no observable physical characteristics. The courts are in an important position to increase

awareness of this problem by simply asking whether FASD is a factor that needs to be considered. This article includes: (1) an overview of FASD diagnostic criteria and current terminology; (2) exploration of FASD as a physical disability with behavioral symptoms; (3) a case example illustrating common patterns of behaviors in children and adults with FASD without identification and improved outcomes following identification and implementation of appropriate treatment; and (4) recommendations for family court judges. The courts are in an important position to increase awareness of this problem by encouraging advocates and professionals to learn more about FASD and to take it into account when making recommendations to the court.

Marlowe, D. B. (2010). *Research update on adult drug courts*. Alexandria, VA.: National Association of Drug Court Professionals.

The effectiveness of adult Drug Courts is not a matter of conjecture. It is the product of more than two decades of exhaustive scientific research. From their inception, Drug Courts embraced science like no other criminal justice program. They endorsed best practices and evidence-based practices; invited evaluators to measure their outcomes; and encouraged federal agencies like NIDA, BJA, NIJ and CSAT, as well as a myriad of state agencies, to issue calls to the scientific community to closely examine the model and learn what makes it tick and how it might be improved.

Marlowe, D. B. (2010). *Research update on juvenile drug treatment courts*. Alexandria, VA: National Association of Drug Court Professionals. Retrieved from http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Juvenile%20Drug%20Treatment%20Courts%20-%20NADCP_1.pdf (outcome section)

Research on Juvenile Drug Treatment Courts (JDTCs) has lagged considerably behind that of its adult counterparts. Although evidence is mounting that JDTCs can be effective at reducing delinquency and substance abuse, the field is just beginning to identify the factors that distinguish effective from ineffective programs.

Marlowe, D. B. (2011). *The verdict on drug courts and other problem-solving courts*. *Chapman Journal of Criminal Justice*, 2, pp. 53-92.

In the court system, judges or juries return verdicts that represent a final resolution of the case at bar. Aside from relatively circumscribed grounds for appeal or post-conviction relief, the verdict is dispositive of the current controversy, and may under some circumstances have precedential authority over factually related controversies presented in future cases.

Marlowe, D. B., & Carey, S. M. (2012). *Need to know: Research update on family drug courts*. National Association of Drug Court Professionals. Retrieved from <http://www.nadcp.org/sites/default/files/nadcp/Reseach%20Update%20on%20Family%20Drug%20Courts%20-%20NADCP.pdf> (evaluation/outcomes or cost savings)

This article looks at the research update on FDCs through 2012, primarily focusing on outcomes including effectiveness of FDCs, cost-effectiveness, target population, and best practices. Authors claim FDCs to be one of the most promising models for improving treatment retention and family reunification rates.

Marsh, J.C., Smith, B.D., & Bruni, M. (2011). *Integrated substance and child welfare services for women: A progress review*. *Children and Youth Services Review*, 33(3), 466-472. doi: 10.1016/j.childyouth.2010.06.017 (treatment& CWS outcomes)

This article is a review of the current literature (through 2011) and progress made on the integration of services for substance abuse and child welfare involved parents. Authors state that evidence suggests that clients in both Substance Abuse and Child Welfare systems often present

with multiple problems, however assessments primarily focus on the issue associated with the system through which the client was referred (i.e. Treatment or Child Welfare). Findings suggests that integrated services lead to women remaining in treatment longer periods of time, are more likely to reduce substance use and be reunified with their children. Brief information was provided on FDC specific focus on collocation of substance abuse treatment counselors in Child Welfare offices. Article states that evaluations show that collocation can lead to increased understanding and communication between Child Welfare and Substance Abuse staff thus improving relationships between service providers and improved coordination for services for clients. Authors acknowledge that there remains a need for effective and appropriate services for women, and women have less access to treatment than men.

McGee, J. C. M. (1997). Another permanency perspective: Family drug court. *Juvenile and Family Court Journal*, 48(4), 65-68.

Because a staggering percentage of criminal court caseloads are intrinsically related to drug or alcohol abuse, general jurisdiction courts with rehabilitative “Drug Court” programs have experienced notable success. A similarly large number of juvenile and family court cases also involve substance abuse. The establishment of a “Family Drug Court” is allowing parents involved in abuse and neglect litigation to benefit from the juvenile justice system's social service mode of rehabilitation.

Mendoza, N. S., Trinidad, J. R., Nochajski, T. H., & Farrell, M. C. (2013). Symptoms of depression and successful drug court completion. *Community Mental Health Journal*, 49(6), pp. 787-792. doi: 10.1007/s10597-013-9595-5 (treatment & CWS outcomes)

The majority of drug abusing offenders who need substance abuse treatment do not receive it. Although interventions like drug court increase the probability of offender success, little is known about how co-occurring psychological symptoms impact drug court treatment outcomes. Based on previous research, we hypothesized that co-occurring psychological symptoms would have a significant relationship with successful drug court completion. Using a sample of suburban drug court enrollees (n = 122), multivariate logistic regression was conducted with successful drug court completion as the outcome variable. Predictor variables included symptom counts of depression, post-traumatic stress, obsessive-compulsive disorder, panic disorder, psychosis, generalized anxiety, and social phobia. Results indicated that participants with fewer symptoms of depression were more likely to successfully complete drug court than participants with more symptoms. The present study extends previous research by demonstrating that symptoms of depression are related to poorer outcomes for drug court enrollees. Accordingly, drug courts need to address participants’ symptoms of depression to maximize success.

Merrigan, M. (2000). Family drug courts: Assisting jurisdictions in expediting child abuse & neglect cases and reuniting families. *National Drug Court Institute Review*, 3(1), 101-120.

This article discusses the Jackson County, Missouri Family Drug Court program's development, mission and goals, blended system of criminal and civil case processing, and target populations. Particular attention is given to consideration of the best interest of the child or children (encouraging participation in school and the community without the barriers of an unstable home environment), appropriate treatments for one or both substance abusing parents, and the program’s use of sanctions and incentives. By assisting the drug abusing parent in getting clean and sober and by addressing other life issues the child is gaining a family who can care for them for the long term. Treatment shows that the family drug court clients are more motivated to be successful and have a higher successful completion rate compared with self-referral clients.

Messina, N., Calhoun, S., & Warda, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal Justice and Behavior*, 39(12), 1539-1558. doi: 10.1177/0093854812453913 (treatment & CWS outcomes)

This pilot study compared outcomes for 94 women offenders in San Diego County, California, who participated in four drug court programs. Women were randomized to gender-responsive (GR) programs using Helping Women Recover and Beyond Trauma or standard mixed-gender treatment. Data were collected at program entry, during treatment, and approximately 22 months after treatment entry. Bivariate and multivariate analyses were conducted. Results showed that GR participants had better in-treatment performance, more positive perceptions related to their treatment experience, and trends indicating reductions in posttraumatic stress disorder (PTSD) symptomology. Both groups improved in their self-reported psychological well-being and reported reductions in drug use ($p < .06$) and arrest (a diagnosis of PTSD was the primary predictor of reductions in re-arrest, $p < .04$). Findings show some beneficial effects of adding treatment components oriented toward women's needs. Significant questions remain, particularly around PTSD and whether it should be targeted to improve substance use outcomes for women.

National Association of Drug Court Professionals. (2013). *Adult drug court best practice standards volume 1*. Retrieved from

<http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf>

A little more than two years ago, the NADCP embarked on an ambitious project to develop these Adult Drug Court Best Practice Standards. The standards were drafted by a diverse and multidisciplinary committee comprising Drug Court practitioners, subject matter experts, researchers, and state and federal policymakers. Each draft standard was peer reviewed subsequently by between thirty and forty practitioners and researchers with expertise in the relevant subject matter. The peer reviewers rated the standards anonymously along the dimensions of clarity (what specific practices were required), justification (why those practices were required), and feasibility (how difficult it would be for Drug Courts to accomplish the practices). All of the standards received ratings from good to excellent and were viewed as being achievable by most Drug Courts within a reasonable period of time.

National Association of Drug Court Professionals. (2015). *Adult drug court best practice standards Volume II*. Alexandria, VA: Retrieved from:

http://www.ndcrc.org/sites/default/files/adult_drug_court_best_practice_standards_volume_ii.pdf

In 2013, NADCP released Volume I of the Adult Drug Court Best Practice Standards (Standards). This landmark document was the product of more than four years of exhaustive work reviewing scientific research on best practices in substance abuse treatment and correctional rehabilitation and distilling that vast literature into measurable and enforceable practice recommendations for Drug Court professionals. This second volume describes adult drug court best practices on the following topics: Complementary Treatment and Social Services, Drug and Alcohol Testing, Multidisciplinary Team, Census and Caseloads and Monitoring and Evaluation. To date, best practice standards have only been developed for Adult Drug Courts. This fact does not suggest that Adult Drug Courts are more effective or valued than other types of problem solving courts such as Juvenile Drug Courts, DWI Courts, Family Drug Courts, or Veterans Treatment Courts. Adult Drug Courts simply have far more research on them than other types of problem-solving courts.

National Council of Juvenile and Family Court Judges. (1995). *Resource guidelines - Improving court practice in child abuse and neglect cases*. Victims of Child Abuse Project. Retrieved from

http://www.ncjfcj.org/sites/default/files/resguide_0.pdf

Victims of child abuse and neglect come before juvenile and family court judges for protection from further harm and for timely decision-making for their future. In response, judges make

critical legal decisions and oversee social service efforts to rehabilitate and maintain families, or to provide permanent alternative care for child victims. These oversight responsibilities require a large portion of the court's attention, workload and resources as the reported number of child abuse and neglect cases grows each year. Public awareness of the tragedy of physical and sexual abuse of children has led to a recent explosion in court referrals. The problem has been exacerbated by poverty, the impact of drug-exposed mothers and infants, HIV Syndrome, the continuing dissolution of the family unit, and the growing recognition that child victims are often found in violent families.

National Council of Juvenile and Family Court Judges. (2000). *Adoption and permanency guidelines: Improving court practice in child abuse and neglect cases.*

These Adoption and Permanency Guidelines are the result of a three year effort to produce best practice recommendations for use in dependency cases involving abused and neglected children who cannot be reunified with their families. They serve as an adjunct to the NCJFCJ publication RESOURCE GUIDELINES: Improving Court Practice in Child Abuse & Neglect Cases, which covers the court process of placement and reunification for abused and neglected children.

National Council of Juvenile and Family Court Judges. 2016. *Enhanced resource guidelines: Improving court practice in child abuse and neglect cases.* Reno, NV: National Council of Juvenile and Family Court Judges. (Judicial perspectives)

The Enhanced Resource Guidelines was developed by a steering committee of the National Council of Juvenile and Family Court Judges (NCJFCJ) comprised of judicial officers, content experts and the NCJFCJ staff dedicated to improving the lives of children and families involved in the child welfare system. This publication is recommended for use by judges and court professionals as a tool to enhance court practice in child abuse and neglect cases.

The National Center on Addiction and Substance Abuse at Columbia University. (1999). *No safe haven: Children of substance-abusing parents.* CASA Columbia. Retrieved from <https://www.centeronaddiction.org/addiction-research/reports/no-safe-haven-children-substance-abusing-parents> (Addressing children's needs)

Children whose parents abuse alcohol and other drugs are almost 3 times likelier to be physically or sexually assaulted and more than 4 times likelier to be neglected by their parents compared to children of parents who are not substance abusers. With 28 million children of alcoholics and several million children of other drug abusers, children and adults in America who, during their lives, have been neglected and/or physically and sexually assaulted by substance-abusing parents constitute a significant portion of our population.

Office of Justice Programs. (1998). *Juvenile and family drug courts: An overview.* Rockville, MD: U.S. Department of Justice, Office of Justice Programs. Retrieved from <https://www.ncjrs.gov/html/bja/jfdcoview/dcpojuv.pdf>

For the purpose of this report, a juvenile drug court is defined as "a drug court that focuses on juvenile delinquency matters and status offenses that involve substance-abusing juveniles." A family drug court is defined as "a drug court that deals with cases involving parental rights, in which an adult is the party litigant, which come before the court through either the criminal or civil process, and which arise out of the substance abuse of a parent." Juvenile and family drug courts provide much earlier and more comprehensive intake assessment for both juveniles and adults and have a much greater focus on the functioning of the family as well as the juvenile and parent than traditional courts. There is a closer integration of the information obtained during the intake and assessment process with subsequent case decisions. There is also greater coordination among the court, the treatment community, the school system, and other community agencies that respond to the needs of juveniles, families, and the court. Because juvenile and family drug courts

are relatively new, there has not been a sufficient period of operation to document significant results over the long term. Juvenile and family drug court judges are reporting, however, that their initial experience confirms remarkable sustained turnaround by juveniles and adults in the program who were otherwise at high risk for continued, escalating criminal involvement and illegal substance use. Such indicators as recidivism, drug usage, educational achievement, and family preservation indicate that juvenile and family drug courts hold significant potential. An enclosure provides summary data on juvenile and family drug court activity.

Oliveros, A., & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare, 90*(1), 25-41. (Addressing needs of parents)

The goal of this paper is to synthesize available data to help guide policy and programmatic initiatives for families with substance abuse problems who are involved with the child welfare system, and identify gaps in the research base preventing further refinement of practices in this area. To date, Family Treatment Drug Court and newly developed home-based substance abuse treatment interventions appear the most effective at improving substance abuse treatment initiation and completion in child welfare populations. Research is needed to compare the efficacy of these two approaches, and examine cost and child well-being indicators in addition to substance abuse treatment and child welfare outcomes.

Osofsky, J.D. (Ed.). (2011). Clinical work with traumatized children. Cohen, J.B., Dakof, G.A., & Duarte, E. (Ch.13) Dependency drug court: *An intensive intervention for traumatized mothers and young children*. The Guilford Press: New York, NY. (Addressing parent or children's needs)

Although research on DDC is limited, a small number of studies indicate that drug court has promise. Most DDCs share key elements, including a non-adversarial relationship among the participating partners, comprehensive assessment of service needs, frequent court hearings and drug testing, intensive judicial supervision, enrollment in substance abuse treatment programs designed to improve parenting practices and other necessary services, and the administration of judicial rewards and sanctions. In order to graduate from DDCs, participants must have successfully completed substance abuse treatment, remain compliant with mental health services, have a specified period of continuous abstinence, show evidence of a safe and stable living situation, spend a substantial period of time adequately performing the parental role, and have a life plan initiated and in place (e.g. employment, education, vocational training). DDCs frequently include drug court counselors, who refer clients to substance abuse treatment and other court-ordered services, develop a recovery service plan, and monitor and report clients' ongoing progress to the court. Although there are numerous components to DDCs, the contributions of the drug court judge and counselors to the effectiveness of drug court are undeniable.

Osterling, K. L., & Austin, M. J. (2006). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence Based Social Work, 5*(1-2), pp. 157-189. doi: 10.1300/J394v05n01_07. (Addressing needs of parents)

As child welfare systems across the country face the problem of parental substance abuse, there is an increasing need to understand the types of treatment approaches that are most effective for substance-abusing parents in the child welfare system-the majority of whom are mothers. This structured review of the literature focuses on evidence related to two areas: (1) individual-level interventions designed to assist mothers and women in addressing their substance abuse problems, and (2) system-level interventions designed to improve collaboration and coordination between the child welfare system and the alcohol and other drug system. Overall, research suggests the following program components may be effective with substance-abusing women with children: (1) Women-centered treatment that involves children, (2) Specialized health and mental health services, (3) Home visitation services, (4) Concrete assistance, (5) Short-term targeted interventions, and (6) Comprehensive programs that integrate many of these

components. Research also suggests that promising collaborative models between the child welfare system (CWS) and the alcohol and other drug (AOD) system typically include the following core elements: (1) Out-stationing AOD workers in child welfare offices, (2) Joint case planning, (3) Using official committees to guide collaborative efforts, (4) Training and cross-training, (5) Using protocols for sharing confidential information, and (6) Using dependency drug courts. Although more rigorous research is needed on both individual-level and system-level substance abuse interventions for parents involved in the child welfare system, the integration of individual-level interventions and system-level approaches is a potentially useful practice approach with this vulnerable population.

Pach, N. M. (2008). An overview of operational family dependency treatment court outcomes. *Drug Court Review*, 6(1). pp. 67-122.

The intent of this article is to lay the groundwork for a national conversation about Family Dependency Treatment Courts (FDTCs). While FDTCs are in many ways similar to drug courts, they have their own set of complications that render NADCP's 10 key components necessary, yet insufficient, to guide the establishment, maintenance, and improvement of FDTCs. Questions about best practices surround such issues as child welfare, the Adoption and Safe Families Act (1997) timelines, the civil court arena, and the scope of the intervention. When the best interests of the child are paramount, sanctions and incentives for an alcohol and other drug (AOD)-involved parent must be carefully handled. Federal timelines must be fully considered by FDTCs in their planning. Sanctions in particular are complicated by the fact that FDTCs occur in a civil arena rather than the criminal one like traditional drug courts. Finally, a court must decide whether the FDTC intervention will consider a full range of psychosocial and legal problems facing a particular family, or if it will concentrate solely on AOD involvement. This article should serve as a focal point through which those professionals involved in FDTCs can create their own components necessary for FDTCs.

Peters, R. H., Kremling, J., Bekman, N. M., & Caudy, M. S. (2012). Co-occurring disorders in treatment-based courts: Results of a national survey. *Behavioral Sciences and the Law*, 60(1), pp. 800-820

Drug courts and mental health courts have expanded rapidly in the past several decades to provide more efficient coordination of treatment and supervision of offenders with behavioral health problems. A significant number of offenders in these court-based programs have co-occurring mental and substance use disorders, which predict early termination, relapse, re-arrest, and other negative outcomes. A web-based national survey examined programmatic adaptations for co-occurring disorders (CODs) among 54 drug courts, mental health courts, and freestanding COD dockets. COD dockets were smaller and of longer duration, and provided more intensive services than programs situated in drug courts or in mental health courts. However, more similarities than differences were noted across the different types of court-based program. Key adaptations for CODs included extended program duration, highly intensive and integrated treatment, smaller, less formal, and more frequent hearings, and use of specialized supervision teams and dually credentialed staff.

Portillo, S., Rudes, D. S., Viglione, J., & Nelson, M. (2013). Front-stage stars and backstage producers: The role of judges in problem-solving courts. *Victims & Offenders*, 8(1), pp. 1–22. (Judicial perspectives)

In problem-solving courts judges are no longer neutral arbitrators in adversarial justice processes. Instead, judges directly engage with court participants. The movement towards problem-solving court models emerges from a collaborative therapeutic jurisprudence framework. While most scholars argue judges are the central courtroom actors within problem-solving courts, we find judges are the stars front-stage, but play a more supporting role backstage. We use Goffman's

front-stage-backstage framework to analyze 350 hours of ethnographic fieldwork within five problem-solving courts. Problem-solving courts are collaborative organizations with shifting leadership, based on forum. Understanding how the roles of courtroom workgroup actors adapt under the new court model is foundational for effective implementation of these justice processes.

Rich, R. (2016). *Parental substance use and the need for family dependency treatment court in Taylor County* (Master's thesis, Abilene Christian University, Abilene, Texas).

The impact of parental substance use and the need for Family Dependency Treatment Court in Taylor County are qualitatively explored and described, analyzing interviews of identified key informants. The areas explored are the current practices and process in Taylor County when a substance use issue is identified in a parent during a child welfare case, the impact of parental substance use on the child welfare system, knowledge and opinions regarding treatment options, and knowledge and opinions of Family Dependency Treatment Court. The sample size was 8 professionals who worked as attorney ad litem, Department of Family and Protective Services workers, and child placing agency workers. Evidence was found to support literature of the impact of parental substance use on the child welfare system and children of substance-using parents. Evidence was also found to support the need of an effective intervention to address the increase in child welfare cases and the rise of parental substance use in Taylor County. However, due to lack of knowledge of Family Dependency Treatment Court, there was no significant evidence to specifically support the establishment of an FDTC in Taylor County.

Rittner, B., & Dozier, C.D. (2000). Effects of court-ordered substance abuse treatment in child protection cases. *Social Work, 45*(2), pp. 131-140.

Courts often play active roles in the lives of families supervised by child protective services (CPS). Judges adjudicate dependency, mandate services, determine placements of children, and order continued supervision or termination of parental rights or services. This study examined the effects of court orders in preventing recurrence of substance abuse in the cases of 447 children in kinship care while under CPS supervision. In addition, the effects of court orders on duration of service and on numbers of placements were studied. Results suggested that court interventions had mixed outcomes. Levels of compliance with mandated substance abuse and mental health treatment did not appear to influence rates of re-abuse or duration of service. Court orders appeared to affect both the number of caretakers and placements the children experienced. Children adjudicated dependent were more likely to have multiple caretakers than those under voluntary supervision. This study suggests that further research is needed to determine how compliance with court-ordered treatment should be used by workers in making decisions about continued supervision. In addition, the authors highlight the importance of adequate substance use and abuse screening in good case planning.

Sanford, J. S. & Arrigo, B. A. (2004). Lifting the Cover on Drug Courts: Evaluation Findings and Policy Concerns. *International Journal of Offender Therapy and Comparative Criminology, 49*(1), pp. 239-259. doi: 10.1177/0306624X04273200 (Evaluation/outcomes)

This article reviews the extant literature on the effectiveness of drug treatment courts and discusses findings regarding various components of the criminal justice system. It is argued that based on empirical evaluation findings, drug treatment courts have achieved success in lowering rates of recidivism among drug offenders, despite problematic methodological and analytical concerns. This article also presents key components and agents of drug treatment courts and discusses their impact and relevance to policy creation and adaptation. It is suggested that when combined with empirical evaluations, process evaluations provide great insight into the drug-treatment-court dynamic. This article concludes with a discussion of the implications of drug treatment courts for justice policy. Implications include initiatives and legislation to increase or maintain the discretion of the drug-treatment court judge, using drug courts as models for other

problem-solving courts and improved data collection and drug-treatment-court evaluation methods.

Spartaro, R. M. (2011). Nipping it in the bud®: Adopting a family drug court approach to fighting the cycle of alcohol addiction for children when parents are convicted of DUI. *Family Court Review*, 49(1), 190-206. doi: 10.1111/j.1744-1617.2010.01361.x (Addressing needs of children/parents)

Through the use of incentives such as reduced and dismissed charges and fines combined with supervised treatment, Drug Courts have been shown to be very effective in helping to break the cycle of addiction, crime, and repeat incarceration for those involved. Author claims that courts do not address the needs of children of dependent parents. Author advocates for states to include an alcohol education and counseling program aimed at children of alcohol-related offenders based on the Drug Court Model. Participation in this program would then act as a mitigating factor for the addicted offender when receiving their final sentence. This proposed program would then serve as a model for other states to adopt in the near future.

Taplin, S., & Mattick, R. (2011). Family drug courts: An option for the Australian child protection system. *Developing Practice: The Child, Youth and Family Work Journal*, (28), 13-22.

The Family Drug Court model to deal with problems of parental substance use by children as well as adults in Australia is presented.

TeamChild and the Juvenile Indigent Defense Action Network. (2012). *Washington judicial colloquies project: A guide for improving communication and understanding in juvenile court. Models for Change*. Retrieved from http://njjn.org/uploads/digital-library/Washington-Judicial-Colloquies-Project--A-Guide-for-Improving-Communication-and-Understanding-in-Juvenile-Court_JIDAN-TeamChild_Oct.2012.pdf

This inquiry resulted in the Washington State Judicial Colloquies Project, which aims to improve young people's comprehension of the conditions of pre-adjudication release and post-adjudication probation commonly ordered in Washington's juvenile offender proceedings. By increasing understanding of the court's expectations, the Project hopes to improve compliance and reduce detention and other sanctions. The Project also aims to increase the awareness of court and juvenile justice stakeholders of the need for more developmentally appropriate language in juvenile court.

Twomey, J. E., Miller-Loncar, C., Hincley, M., & Lester, B. M. (2010). After family treatment drug court: Maternal, infant, and permanency outcomes. *Child Welfare*, 89(6), pp. 23-41. (treatment and CWS outcomes)

This study reports on maternal functioning, infant developmental, and permanency outcomes for 52 families following maternal participation in a family treatment drug court (FTDC) for perinatal substance users. Although the majority of families experienced positive child welfare outcomes, over time, maternal functioning deteriorated and infant developmental concerns were identified. Even when promising interventions like FTDC are used, long-term needs of families affected by perinatal substance use need to be considered and addressed.

U.S. Department of Health and Human Services. (2003). *Framework and policy tools for improving linkages between Alcohol and Drug Services, Child Welfare Services and Dependency Courts. Substance Abuse and Mental Health Services Administration, National Center on Substance Abuse and Child Welfare*. Retrieved from <http://www.ncsaew.samhsa.gov/files/NewFramework.pdf>

This paper describes the ten-element framework of system linkages that are necessary for effective collaboration between the substance abuse treatment, child welfare, and dependency court systems. It presents the opportunities and challenges that may be encountered by the systems in developing a collaborative approach to the issue of substance use disorders among

parents in the child welfare and dependency court population. Reasons for the inclusion of the dependency court as a third partner in the collaborative are discussed, and the specific roles and responsibilities of each system are delineated. The paper describes seven program sites which are implementing the collaborative approach.

U.S. Department of Justice, Office of Justice Programs. (1997). *Defining drug courts: The key components*. The National Association of Drug Court Professionals. Drug Court Standards Committee. Retrieved from <http://www.ndci.org/sites/default/files/ndci/KeyComponents.pdf>

The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offenders dependent on alcohol and other drugs. Realization of these goals requires a team approach, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, TASC programs, evaluators, an array of local service providers, and the greater community. State-level organizations representing AOD issues, law enforcement and criminal justice, vocational rehabilitation, education, and housing also have important roles to play. The combined energies of these individuals and organizations can assist and encourage defendants to accept help that could change their lives.

U.S. Department of Justice, Office of Justice Programs. (2003). *Juvenile drug courts: Strategies in practice - monograph*. Bureau of Justice Assistance. Retrieved from <https://www.ncjrs.gov/pdffiles1/bja/197866.pdf>

Juvenile Drug Courts: Strategies in Practice was created by a diverse group of juvenile drug court practitioners, researchers, and educators from across the country who were brought together by the National Drug Court Institute (a division of the National Association of Drug Court Professionals) and the National Council of Juvenile and Family Court Judges. The group included representatives from courts, prosecution, public defense, treatment, probation, court administration, academia, education, and training.

U.S. Department of Justice, Office of Justice Programs. (2004). *Family dependency treatment courts: Addressing child abuse and neglect cases using the drug court model – monograph*. Bureau of Justice Assistance. Retrieved from <https://www.ncjrs.gov/pdffiles1/bja/206809.pdf>

This article presents ideas, discussions and conclusions of a 1999 focus group on Family dependency treatment courts. The focus group explored the pros and cons of various approaches to the development and operation of FDTCs, formulated a mission and goals for the court, and took the first steps toward devising a national strategy for advancing the FDTC model.

U.S. Department of Health and Human Services. (2013). *Child welfare outcomes report data, custom report builder*. Washington, DC: Administration for Children & Families, Children's Bureau. Retrieved from <https://www.acf.hhs.gov/cb/success-story/child-welfare-outcomes-data-site>

The most current Child Welfare Outcomes data featured on this site are from 2010 to 2013. Through this site, you can view the data before the full report is published. The most recently published full report is Child Welfare Outcomes 2010-2013: Report to Congress, which is submitted annually by the U.S. Department of Health and Human Services to meet requirement 203 (a) of the Adoption and Safe Families Act of 1997 (ASFA). Child Welfare Outcomes Reports provide information on the performance of states in seven outcome categories. The Department identified these outcomes prior to the first Child Welfare Outcomes Report in close consultation with state and local child welfare agency administrators, child advocacy organizations, child welfare researchers, state legislators, and other child welfare experts. The outcomes used in the reports reflect widely accepted performance objectives for child welfare practice.

U.S. Department of Health and Human Services. (2013). *Regional partnership grant (RPG) program: Final synthesis and summary report*. Washington, DC: Children’s Bureau an Office of the Administration for Children & Families. Retrieved from https://www.ncsacw.samhsa.gov/files/Final_SSR.pdf

This report is a summary and synthesis of the accomplishments and lessons learned from the first cohort (FY2007-2012) of RPG Program grantees. Information contained in this report is derived from reviews of grantee Semi-Annual Progress Reports, performance indicator data submitted to the RPG data collection system, grantee Final Progress Reports, program monitoring by Federal Project officers, and technical assistance and evaluation activities provided by Children and Family Futures. The report concludes with recommendations and suggestions for program development, as well as future evaluation and research. Finally, HHS hopes that this report will inform collaborative policy and practice across the nation to improve outcomes for children and families in the child welfare system who are affected by substance use disorders.

U.S. Department of Health and Human Services. (2014). *Brief: Grants to expand services to children affected by methamphetamine in families participating in family treatment drug court: Children affected by methamphetamine (CAM)*. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse. Retrieved from https://www.ncsacw.samhsa.gov/files/CAM_Brief_2014-Final.pdf

Improving outcomes for families affected by parental substance use disorders and child welfare involvement starts with a cross-systems commitment and coordinated approach to address the multiple and complex needs of parents and children. Through collaborative efforts around the country, evidence is emerging of what families need to succeed in their efforts to reunify with their children and maintain their recovery. The brief summarizes the experiences, lessons learned, and outcomes of the collaborative efforts of the Children Affected by Methamphetamine (CAM) grant program (October 2010 – September 2014). The brief also provides an overview of the grant program, the grantees, and key implementation lessons learned and highlights the CAM program’s interim safety, permanency, recovery, and well-being outcomes for the 1,850 families served during the first three years of the grant.

U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground: A report to congress on substance abuse and child protection*. Washington, DC: U.S. Government Printing Office. Retrieved from: <https://www.ncsacw.samhsa.gov/files/blendingperspectives.pdf>

In a field where difficult decisions are made every day, child welfare workers face particular dilemmas when working with the extremely troubled families whose complex and multiple problems include both substance abuse and child maltreatment. Central to their challenge is that addiction to alcohol and other drugs can be a chronic, relapsing disorder and recovery can be a long term process. At the same time, children have an immediate need for safe and stable homes in which to grow up.

U.S. Department of Health and Human Services. (2010). *Substance abuse specialists in child welfare agencies and dependency courts considerations for program designers and evaluators*. HHS Pub. No. (SMA) 10-4557 Rockville, MD.: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.ncsacw.samhsa.gov/files/SubstanceAbuseSpecialists.pdf>

This paper focuses on one particular model of collaboration, the placing of substance abuse specialists in either child welfare offices or dependency courts. The purpose of co-locating substance abuse specialists is to ensure that parents are assessed as quickly as possible, to improve parent engagement and retention in treatment, to streamline entry into treatment, and to provide consultation to child welfare and dependency court workers.⁹ In addition to briefly describing substance abuse specialist programs and their various components, this paper includes

findings from eight qualitative interviews of programs that place substance abuse specialists in child welfare offices or dependency courts. The interviews highlight ways in which early decisions about the program's collaborative structure influence other design decisions. Understanding how design decisions are related to one another can help jurisdictions to systematically create substance abuse specialist programs that best meet their specific needs and use resources most efficiently. This information is intended to provide those interested in creating a substance abuse specialist program with valuable data on programmatic and collaborative structures, lessons learned about program design, problems or challenges faced by these programs, and how the issues were resolved. Table 1 at the end of the appendix includes a summary of key components of the programs.

U.S. Department of Health and Human Services, Administration for Children and Families. (2014). *Targeted grants to increase the wellbeing of, and to improve the permanency outcomes for, children affected by methamphetamine and other substance abuse: Fourth annual report to congress.* Retrieved from www.cffutures.org/files/RPG_4th_Rpt_to_Congress_508.pdf

This Brief illuminates key lessons learned by the Regional Partnership Grant (RPG) Program about improving outcomes for children and families in the child welfare system who are affected by substance use disorders. This Executive Summary provide additional detail on the RPG program, performance measurement results, and implementation barriers, successes, and lessons experienced during the course of the five-year project period.

U.S. Department of Health and Human Services. (2014). *Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD.: Substance abuse and Mental Health Services Administration. Retrieved from <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>*

This publication was developed to assist behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce.

United States General Accounting Office. (1998). *Foster care: Agencies face challenges securing stable homes for children of substance abusers.* Washington, DC. Retrieved from <http://www.gao.gov/archive/1998/he98182.pdf>

This document provides information on (1) the extent and characteristics of parental substance abuse among foster care cases, (2) the difficulties foster agencies face in making timely permanency decisions for foster children with substance abusing parents, and (3) initiatives that address reunifying families or achieving other permanency outcomes in a timely manner for foster children whose parents are substance abusers.

van Wormer, Jacqueline, and Ming-Li Hsieh. (2016). *Healing families: Outcomes from a family drug treatment court. Juvenile & Family Court Journal 67(2):49–65.*

Family drug treatment courts (FDTC) have been acknowledged as a promising intervention for substance-abusing parents involved in the child welfare system. Over the past decade, the number of FDTC programs has grown substantially, yet questions remain regarding the efficacy of these courts. This study examines the ability of the Snohomish County (WA) FDTC to address the three main goals of the Adoption and Safe Families Act. Utilizing propensity score matching, this study found that participants were more likely to have their children returned, experienced stronger treatment completion rates, and had less use of foster care. Implications for replication and further analysis are discussed

Walker, M. A. (2009). Program characteristics and the length of time clients are in substance abuse treatment. *Journal of Behavioral Health Services & Research*, 36(3), pp. 330-343. (Treatment outcome)

Is there a relationship between the characteristics of drug addiction treatment programs and an important correlate of better outcomes, the length of time clients are in treatment? Previous research has consistently shown longer periods in treatment and a range of services each have a salutary effect on client outcomes after treatment. Much of this research has examined the characteristics of clients. Program attributes are another important consideration. Multivariate analysis of data collected from a national survey of outpatient drug addiction treatment programs shows offering a range of services along with several other program characteristics are relevant to the duration of treatment. When a range of services are available, this has a positive association with both the number of months programs report clients are in treatment and with the number of counseling sessions programs report clients receive over the course of treatment. Ultimately, this should lead to better outcomes for clients.

Wheeler, Megan M., and J. Siegerist. 2003. *Family dependency treatment court planning initiative training curricula*. Alexandria, VA: National Drug Court Institute. Retrieved from <https://www.ndci.org/resources/training/treatment-court-design/family-drug-court-planning-initiative/>

The Family Drug Court Planning Initiative is designed to educate an interdisciplinary team on how to effectively launch a Family Drug Court. NDCI's innovative training presents your jurisdiction with the core knowledge, skills, and operational focus necessary to properly plan, implement, and operate a family drug court within the parameters of established best practices of the drug court model, child welfare, and child abuse and neglect case processing.

Wheeler, M. & Fox, C. L. (2006). *Drug court practitioner fact sheet: Family dependency treatment court: Applying the drug court model in child maltreatment cases*. National Drug Court Institute. Alexandria, VA. Retrieved from <http://www.ndcrc.org/sites/default/files/fdte.pdf>

This is a fact sheet for Drug Court Practitioners providing a brief historical background on FDCs, ASFA, and family-focused practices. Authors believe that FDTCS have enhanced the ability of family court, child protection agencies, and treatment systems to respond to families in crisis.

Whitehead, S. (2015). *Building better courts: Lessons from London's family drug and alcohol court*. Centre for Justice Innovation. New Economics Foundation (NEF), London, United Kingdom.

London's Family Drug and Alcohol Court (FDAC) is a strikingly successful example of courts innovating to deal with complex problems. FDAC works with substance misusing parents who are at risk of having their children removed. By working with a specialist treatment team and calling in parents for regular progress reviews, FDAC judges give families a chance to stay together where possible. Today the court is backed by independent evaluators and is working to spread its approach. But what did it take to achieve this? What can other court innovators learn from FDAC's experience? This report examines the factors behind the court's success – from the birth of the idea, to the end of the pilot.

York, J., Lamis, D. A., Garfinkel, P. W., Bluestein, N. P., Boxx, M., Ellis, A., Sullivan, S. and Donaldson, S. (2012). Family Drug Treatment Courts and Social Determinants of Health. *Family Court Review*, 50, 137–149. doi: 10.1111/j.1744-1617.2011.01435.x

The goal of this manuscript is to examine how key ingredients of FDTCS are related to social determinants of health and the potential for this framework to be integrated into FDTCS. A specific FDTCS is described and evidence-based wrap services are used to illustrate opportunities to improve the health of women and children involved in FDTCS. Some of the recommendations made by the author include developing policy statements and publications which address the

evidence base for targeting health issues specific to women and children. Other issues that need to be addressed include cultural competency and culturally-adapted FDTC programs. Additionally, more long-term evaluation outcome studies are needed in order to track clients once they exit the court.

Cost Savings

Brook, J., Akin, B. A., Lloyd, M. H., Johnson-Motoyama, M., & Yan, Y. (2016). Family drug treatment courts as comprehensive service models: Cost considerations. *Juvenile and Family Court Journal*, 67(3), 23-43. doi:10.1111/jfcj.12060

Literature on family drug treatment courts (FDTCs) suggests that parental participation in these courts is associated with improved substance abuse treatment and child welfare system outcomes. Despite these beneficial outcomes, FDTCs serve only 7-10% of eligible child welfare involved families. As part of a FDTC evaluation, this FDTC site sought to provide stakeholders with information about costs and benefits. Considering the program costs alongside the cost avoidance from reduced time in foster care, this analysis determined that FDTC participation resulted in a net savings per child of \$9,710. The cost component of the evaluation proved valuable, challenging, and informative.

Children and Family Futures. (2014). *Sustainability matrix*. Retrieved from <http://www.cffutures.org/files/publications/Sustainability%20Matrix.pdf>

The purpose of this matrix is to assist agencies in inventorying current funding, document funding effectiveness, identify potential sources of future funding, select priorities for future funding, redirect funding, and assess political and community support.

Children and Family Futures. (2009). *Sustainability discussion guide – Marketing your program: Creating the sales document*. Retrieved from <http://www.cffutures.org/files/publications/Marketing%20discussion%20guide%20101909.pdf>

Sustainability planning requires a series of logical steps that move from the project's launching to its results, and on to its future funding. Project Managers are often charged with demonstrating the effectiveness of what is being sustained—showing that an innovation worked, specific outcomes that have been achieved while proving to prospective funders that the innovation was successful and should be refunded. Also, they are charged with articulating the organizational impact of the innovation. This discussion guide is intended to assist programs think through the critical elements in a marketing approach, while providing guidance about what to include – and what not too.

Evaluation and Outcome Studies

Ashford, J. B. (2004). Treating substance-abusing parents: A study of the Pima County Family Drug Court approach. *Juvenile and Family Court Journal*, 55(4), 27-37. (outcomes/evaluation)

In this study, the researchers compared participants in family drug court (FDC) with non-FDC participants and treatment as usual group. Results of the study reflect that individuals who participated in the FDC had higher engagement and completion rates of residential treatment than the other groups. FDC participants also had fewer parental rights severed, high percentage of permanency decisions reached within one year, and higher percentage of children placed with their parents.

Boles, S., & Young, N. K. (2010). *Sacramento county dependency drug court year seven outcome and process evaluation findings*. Irvine, CA: Children and Family Futures. Retrieved from <http://www.cffutures.org/files/publications/Year%207%20Summary%20Report%20Final.pdf>

The Sacramento County Dependency Drug Court (DDC) was developed as part of a system-wide reform effort to address the needs of families with substance use disorders in the child welfare system. The Sacramento DDC operates parallel to the dependency case proceedings, which are conducted on a regular family court docket. This is the seventh annual report on the Sacramento County Dependency Drug Court. The focus of this report includes: 1) a description of the program participants; 2) findings regarding treatment engagement, retention and completion; and 3) 12, 18, and 36 month findings regarding child safety and permanency. The objectives of the DDC evaluation study are to determine the impact of participation in the DDC on parental involvement and engagement in treatment and on child placement outcomes relative to an equivalent group of parents in the child welfare system.

Boles, S. M., Young, N. K., Dennis, K., & DeCerchio, K. (2012). *The Regional Partnership Grant (RPG) Program: Enhancing collaboration, promising results*. *Journal of Public Child Welfare*, 6(4), 482-496. <http://dx.doi.org/10.1080/15548732.2012.705239>

This article reviews the accomplishments of the 53 Regional Partnerships Grants (RPGs), representing the broadest federal program ever launched to increase the well-being, permanency, and safety outcomes of children who were in or at risk of being placed in out-of-home placement as a result of a parent's or caregiver's methamphetamine or other substance abuse. While not designed as a cross-site evaluation, the collaborative achievements from data collected on a cohort of 7,100 RPG participant families, including 12,227 children and 8,321 adults, suggest improved linkages, strengthened collaboration, and improved outcomes among child welfare agencies, treatment agencies, family courts, and other service providers.

Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). *The sacramento dependency drug court: Development and outcomes*. *Child Maltreatment*, 12(2), 161-171. doi: 10.1177/1077559507300643

Dependency Drug Courts (DDCs) are a growing method of addressing the functional status and reunification success of families involved in child welfare and affected by substance use disorders. Despite widespread interest in DDCs, few evaluations have appeared in the literature to help inform the discussion about their effectiveness. This article provides a description of various types of DDCs and reports 24-month reunification rates from the Sacramento DDC. Results indicated that DDC participants had higher rates of treatment participation than did comparison participants. In addition, at 24 months, 42% of the DDC children had reunified versus 27.2% of the comparison children. There were no differences in treatment completion or child reunification rates by parent's primary drug problem. Rates of recidivism were extremely low for both the DDC and comparison groups and did not differ significantly. The results of the present study are encouraging and suggest that rigorous, controlled studies are merited to further evaluate the effectiveness of DDCs.

Branch, M.J. (2013). *Montana drug courts: An updated snapshot of success and hope*. Retrieved from: https://courts.mt.gov/portals/113/cao/ct_services/treatment/docs/2012_dc_report.pdf

This report analyzes drug court data collected by the Office of Court Administrator from May 2008 through September 2012, a 53-month period. The data confirm that Montana drug courts provide a strong investment in the recovery of drug and alcohol dependent persons involved in criminal, child abuse and neglect, and juvenile cases.

Broussard, R. D. (2011). *Factors correlated to graduating from the fourteenth judicial district (louisiana) adult drug treatment court program*. *Journal of the Institute of Justice and International*

Studies, 12, 1. Retrieved from

http://centralspace.ucmo.edu/xmlui/bitstream/handle/10768/96/RBroussard_CriminalJustice.pdf?sequence=1

Drug courts have gained immense popularity throughout the United States as alternatives to traditional sentencing. For programs to continue to be effective, administrators have to understand which factors are correlated to graduation. This study used a retrospective cross-sectional design with a sample consisting of the entire population (n=38) of past participants in the Fourteenth Judicial District (Louisiana) Adult Drug Treatment Court Program between June 2007 and January 2011. Bivariate analysis and t test results indicated that older white participants, who were employed and had attained a high school diploma or GED prior to entering the program, were more likely to graduate than others without these specific characteristics. Policy and research implications include limiting the size of the program and developing standard definitions for offender characteristics to be used for future studies.

Bruns, E. J., Pullmann, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K. (2012). Effects of a multidisciplinary family treatment drug court on child and family outcomes: Results of a quasi-experimental study. *Child Maltreatment, 17*(3), 218-230. doi: 10.1177/1077559512454216

This article presents the findings from a study looking at family treatment drug courts (FTDC) participants and non-participants. Results showed that FTDC participants had more review and motion hearings, were more likely to enter treatment, entered treatment faster, received more treatment, and were more likely to complete treatment. Children participants were more likely to spend less time in out-of-home care, ended child welfare system involvement sooner, and were more likely to be permanently placed, and more likely to return to parental care.

Bruns, E. J., Pullmann, M., Wiggins, E., & Watterson, K. (2011). *King county family treatment court outcome evaluation – final report*. Seattle, WA: University of Washington School of Medicine, Division of Public Behavioral Health and Justice Policy. Retrieved from http://www.kingcounty.gov/~media/health/MHSA/MIDD_ActionPlan/Appendix_F_Outcome_evaluation_final_report_2_22_2011.ashx

This report presents the findings from a two-year study comparing King County Family Treatment Court (FTC) participants to a comparison group of parents and children not participating in FTC. Results of the study show that in FTC participants 63% were more likely to be admitted and use treatment services than those not participating in FTC, participants took half as long to enter treatment, remained in treatment longer and were more likely to be successfully discharged from treatment. Children in FTC spent less time in out-of-home placement and less time in the child welfare system, they were more likely to be permanently reunified with parents. Results also showed differences in race/ethnicity, showing that participants of color had more positive outcomes than those in the comparison group.

Bruns, E. J., Sather, A., Wiggins, E., & Trupin, E. (2008). *Evaluation of the king county family treatment court: Results of team member and key stakeholder interviews*. Seattle, WA: University of Washington School of Medicine, Division of Public Behavioral Health and Justice Policy.

The goal of this study was to learn about the effectiveness of the court from the perspective of the King County Family Treatment Court (KCFTC) team and key stakeholders. This article presents the results of a process evaluation where respondents provided both quantitative and qualitative responses to questions regarding 1) success in meeting goals; 2) serving target population; 3) eligibility and referral process; 4) process and functions; 5) adherence to best practices; 6) short-term outcomes; 7) teamwork and collaboration; 8) overall strengths, weaknesses and areas for improvement. Early findings suggest that key stakeholders feel that the FDTC is meeting its goals.

Burrus, S. W. M., Mackin, J. R., & Aborn, J. A. (2008). *Baltimore city family recovery program (FRP) independent evaluation: Outcome and cost report*. Portland, OR: NPC Research. Retrieved from [http://npcresearch.com/wp-content/uploads/Baltimore City FRC Outcome and Cost 0808.pdf](http://npcresearch.com/wp-content/uploads/Baltimore_City_FRC_Outcome_and_Cost_0808.pdf)

This report presents the findings from an independent outcome and cost study of the Baltimore City Family Recovery Program (FRP). In summary, the evaluation: 1) examined the extent to which the FRP is meeting its stated goals and desired child welfare and treatment outcomes (outcome study); and 2) provided a cost analysis comparing the FRP to traditional case processing (cost study). The evaluation compared child welfare and treatment outcomes and cost savings for parents that received FRP services between August 2005 and December 2006 to comparable families that did not receive these services.

Burrus, S. W. M., Mackin, J. R., & Finigan, M. W. (2011). *Show me the money: Child welfare cost savings of a family drug court*. *Juvenile and Family Court Journal*, 62(3), 1-14. doi: 10.1111/j.1755-6988.2011.01062.x

Family drug courts are programs that serve the complex needs of families involved with the child welfare system due to parental substance abuse. This article summarizes the results of outcomes and selected costs of a system-wide reform located in Baltimore, Maryland. Results from this study found that parents served by the program entered treatment faster, stayed in treatment longer, and completed treatment more often than non-served parents. Children in program families spent less time in foster care and were more likely to be reunified with their biological parents. These outcomes resulted in cost savings, including reduced foster care expenditures.

Burrus, S. W. M., Worcel, S. D., & Aborn, J. A. (2008). *Harford county family recovery court (FRC) evaluation: Process, outcome and cost report*. Portland, OR: NPC Research. Retrieved from [http://npcresearch.com/wp-content/uploads/Harford County FRC Final Report 0308.pdf](http://npcresearch.com/wp-content/uploads/Harford_County_FRC_Final_Report_0308.pdf)

This report presents the findings from a process, outcome, and cost study of the Harford County Family Recovery Court (FRC). This evaluation was guided by several research questions under one of three evaluation components. In summary, this evaluation: 1) Examined the historical and current context of the FRC (process study); 2) Examined the extent to which the FRC is meeting its stated goals and desired child welfare, treatment, and criminal justice outcomes (outcome study); and 3) Provided a cost analysis comparing the FRC to traditional case processing (cost study). The evaluation compared child welfare, treatment, and criminal justice outcomes and cost savings for parents that received FRC services between April 2004 and April 2006 to comparable families that did not receive these services.

Cannavo, J.M. (2007) *Evaluation of the erie county family drug court (Doctoral dissertation)*. Retrieved from ProQuest. (3277800)

This study examined the potential impact of several variables on enrollment in the court, completion of the program, and subsequent recidivism for a sample of individuals (n = 186) who were referred to a Family Treatment Court because of a substantiated case of neglect. Demographics, parenting, substance use and problems, mental health, motivation and the degree of judicial monitoring (sanctions and rewards) were evaluated for their influence on the outcomes of interest. Ten of the 16 measures evaluated in this study showed relationships with at least one outcome. Key predictors of enrollment were employment, parent-child activities, and recognition that parenting was affected by substance use. For completion, frequency of drug use, drug problems, and three measures of judicial monitoring were significant. Finally, in addition to completion of the FTC program, ethnicity, age, and parent-child interactions were associated with subsequent neglect or abuse petitions. The results suggest that motivation to change substance use behavior and/or regain custody of children is a key factor for enrollment. In regards to completion, judicial monitoring appeared to be most predictive, with even minimal rewards

having a significant benefit for participants. Recidivism was associated with program failure, a potential indicator of problem severity, as well as the bonds between parents and children. Future research should consider the impact of sobriety on the parent child bond and evaluate how this bond may be affected during supervised visitation. Results are very promising despite the small sample and lack of true comparison groups.

Carey, S. M., Finigan, M., Crumpton, D., & Waller, M. (2006). California drug courts: Outcomes costs, and promising practices: An overview of phase II in a statewide study. *Journal of Psychoactive Drugs*, 345-356. <http://dx.doi.org/10.1080/02791072.2006.10400598>

This study focused on creating a research design that can be utilized for statewide and national cost-assessment of drug courts by conducting in-depth case studies of the costs and benefits in nine adult drug courts in California. A Transactional Institutional Costs Analysis (TICA) approach was used, allowing researchers to calculate costs based on every individual's transactions within the drug court or the traditional criminal justice system. Results in the nine sites showed that the majority of agencies save money in processing an offender through drug court. Overall, for these nine study sites, participation in drug court saved the state over \$9 million in criminal justice and treatment costs due to lower recidivism in drug court participants. Based on the lessons learned in Phases I and II, Phase III of this study focuses on the creation of a web-based drug court cost self-evaluation tool (DC-CSET) that drug courts can use to determine their own costs and benefits.

Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs*. Portland, OR: NPC Research. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/223853.pdf>

The analysis found that drug courts exercise a significant degree of discretion in how they implement the 10 key components. For each of the 10 components, there were both similarities and differences in how drug courts were operated. Variation in how various components are designed and implemented is not a negative finding in itself, since differences across drug courts are expected as each program tailors its components to meet the needs of the population served. Still, the identification of any variation in practice within a key component is helpful, since it may explain why some drug courts are more effective than others. The practices that show variation among the courts in this sample are the practices that may be the most fruitful in determining promising or best practices for drug courts. Any variation in outcomes among drug courts in different jurisdictions, however, must take into account not only the variation in features of the examined practice but also the variation in clients being served and how a given practice interacts with these clients. Client differences include drug of choice; level of addiction; legal issues; and life issues such as employment, education, and health needs. Future research in a larger number of drug courts should focus on best practices for specific client populations and within specific contexts. This report lists promising practices related to reduced costs and lower recidivism. The evaluation, conducted between 2000 and 2006, involved 18 adult drug courts from jurisdictions across the United States, with attention to process, outcome, and cost variables.

Carey, S. M., Sanders, M. B., Waller, M., Burrus, S. W. M., & Aborn, J. A. (2010). *Jackson county community family court – Process, outcome, and cost evaluation: Final report*. Portland, OR: NPC Research. Retrieved from http://npcresearch.com/wp-content/uploads/Jackson_Byrne_06101.pdf

The results of the CFC outcome analysis show that the CFC-program parents had significantly more positive outcomes than parents who were processed by the county's traditional family court. According to statewide data, significantly more CFC parents enrolled in treatment in the year after the petition date than non-CFC parents. In addition, in the year after drug court entry, the CFC program parents spent nearly twice as long in treatment than non-CFC parents. Further,

significantly more CFC program parents successfully completed treatment after program entry compared to non-CFC parents. The outcome evaluation also indicated that children of CFC parents spent significantly less time in foster care in the 4 years after drug-court entry than children of non-CFC parents. Another positive finding was that children whose parents participated in the CFC were returned to the home significantly sooner than children of non-CFC parents. Regarding recidivism, CFC parents were less likely to be re-arrested in the first year after case processing began, and this pattern continued for 4 years after drug court entry, with the pattern of differences continuing and widening for each year. The CFC produced a cost savings of \$5,593 over 4 years, with a projected 106-percent return on the investment after 5 years. Methods and results are also presented from the program's process evaluation, which focused on the program's policies and procedures in terms of whether the program is meeting its goals and objectives. Overall, the CFC has successfully implemented its drug court program within the guidelines of the 10 key components of drug courts.

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M., & Aborn, J. A. (2010). *Marion county fostering attachment treatment court – Process, outcome and cost evaluation: Final report*. Portland, OR: NPC Research. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojdp/grants/244165.pdf>

This report presents the findings of a process, outcome, and cost evaluation for the Marion County Fostering Attachment Treatment Court (FATC). For this evaluation, the Marion County FATC process was examined to determine whether, and how well, the program was manifesting the 10 Key Components, with some modifications to fit this special population of parents with child welfare cases. Program practices were compared to national data on common drug court practices as well as data from recent studies on practices related to positive participant outcomes such as graduation, reduced recidivism, and cost savings.

Carey, S. M., & Waller, M. S. (2011). *Oregon drug court cost study – Statewide costs and promising practices: Final report*. Portland, OR: NPC Research. Retrieved from http://npcresearch.com/wp-content/uploads/ORDC_BJA_Cost_and_Best_Practices_Final_Rerelease_03112.pdf

To determine whether Oregon's drug court programs were cost beneficial, it was necessary to gather information on program costs and recidivism-related costs. To calculate recidivism related costs a recidivism study was performed with a comparison group, to determine the relative benefits of drug court compared to traditional court processes. Finally, to determine what practices were best practices for Oregon's drug courts, a process analysis was performed on the drug courts included in this study.

Center for Interventions, Treatment and Addictions Research. (2002). *Evaluation report: Butler county's family drug court program*. Dayton, OH: Wright State University, Dayton. Retrieved from http://medicine.wright.edu/sites/medicine.wright.edu/files/page/attachments/pdf_familydrugcourt.pdf

This article presents the findings of an evaluation conducted at the Butler County Family Drug Court Program (FDC). Based upon client service and billing records, key informant, staff and client interviews, it appears that the Butler County FDC positively impacts the behavior of clients related to substance abuse, domestic violence, parenting needs, and compliance with court or Children's Services stipulations. The time period covered by the evaluation is the period from July 1, 1998 when the program formally started until June 1, 2001. The program demonstrates several strengths, and the evaluation also suggests that specific program changes can further enhance its effectiveness.

Child, H., & McIntyre, D. (2015). Examining the relationships between family drug court program compliance and child welfare outcomes. *Child Welfare, 94*(5), 67-87.

Although the evidence is accumulating to substantiate the successes of Family Drug Courts (FDC), there is little research on the relationship between parent compliance and successful reunification of children with their parent(s). This study looked at data from 206 families participating in a FDC in Sacramento County, California. Four compliance measures were examined individually and collectively, after controlling for participant characteristics, using logistic regression models to determine how FDC participation benchmarks impact child reunification. This study found the best predictors of reunification was participation in support group meetings and negative tests for substance use. These findings indicate that initiatives designed to address the needs of families affected by child maltreatment and substance use should take into account and support engagement in informal, community-based activities as well as formal, clinically focused interventions.

Children and Family Futures. (2012). *Sonoma county dependency drug court (DDC): Year three evaluation findings*. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/grants/241057.pdf>

This report presents the results of an evaluation that compared the direct effects of participation in Sonoma County's Dependency Drug Court (DDC) with non-participation in the program. The evaluation found no statistically significant difference between participants and non-participants in terms of treatment admission rates, timing of case start date and entry into treatment, length of time in treatment, type of treatment – outpatient versus detox, the number of treatment episodes, discharge status, and parent characteristics at discharge. In regards to child welfare service outcomes, children of participants were more likely to be reunified with their parents, experienced significantly shorter stays in foster care, experienced significantly fewer removals from the care of parents or caregivers, and experienced significantly fewer placement changes while in foster care compared to children of non-participants. The data for this report was obtained evaluations completed by participants in Sonoma County's DDC Strengthening Families Program. The DDC is a 12-month court supervised treatment program for families whose children have been removed from or are at risk of being removed from the home as a result of child abuse or neglect associated with the mother's substance abuse problem. The primary objective of the evaluation was to determine the direct effects of participation in the DDC Strengthening Families Program. Two areas were assessed in terms of program effectiveness: substance abuse treatment services and child welfare service outcomes. The evaluation's findings indicate that while the program had a positive impact on child welfare service outcomes, program participants would benefit from an increased focus on substance abuse treatment engagement and retention. An increased focus on marketing and sustainability is also recommended for improving the program.

Coll, K. M., Stewart, R. A., Morse, R., & Moe, A. (2010). *The value of coordinated services with court-referred clients and their families: An outcome study*. *Child Welfare*, 89(1), 61-79.

This study assessed the effectiveness of building partnerships with community resources and systems for court-referred clients and their families through a participant outcome evaluation. Specific variables studied included change in substance abuse patterns, family well-being, child safety, and recidivism. Results from pre-post testing revealed that a model with a single case coordinator who collaborated across service providers was particularly effective with court-referred clients and their families for increasing family intimacy and child well-being and for decreasing family danger and conflict. Discussion and recommendations are included.

Cosden, M., & Koch, L. (2015). *Evaluation of family treatment drug court for children affected by methamphetamine*. Retrieved from https://www.researchgate.net/publication/299505882_Evaluation_of_family_treatment_drug_court_for_Children_Affected_by_Methamphetamine

The Family Treatment Drug Court (FTDC) was a combined dependency court and drug court designed to help families in which parental substance abuse had resulted in child neglect. Over a four year period, 76 families (96 adults and 137 children) entered the program. Almost all of the children were at least temporarily removed from parental custody. The FTDC provided a six-month intensive treatment program. Seventy percent of participants completed the program and more than half of the children were reunified with their parents. At exit, successful participants had fewer employment, family, and psychological problems; fewer trauma-related symptoms; and better family functioning. There were significant reductions in adults' alcohol and drug use, and legal, family and psychological problems. There were also reductions in trauma symptoms. Significant improvements were noted in parenting skills, including expectations for children and empathy, and in behaviors needed for reunification. There were also improvements in infant development, while children and adolescents made changes in internalizing and externalizing behavior problems.

Cosden, M., & Koch, L. M. (2015). Changes in adult, child, and family functioning among participants in a family treatment drug court. *Child Welfare, 94(5), 89-106.*

Behavioral changes for 76 adults and 115 children from 62 families participating in a Family Treatment Drug Court (FTDC), in either residential or outpatient settings, were studied. Improvements in psychosocial functioning were calculated using a reliable change index (RCI) for family, adult, and child measures. Among outcomes, significant improvements in family functioning were noted and associated with improvements in child development and the likelihood of reunification. Support for FTDCs and implications for future practice and research are discussed.

Dakof, G. A., Cohen, J. B., & Duarte, E. (2009). Increasing family reunification for substance-abusing mothers and their children: Comparing two drug court interventions in Miami. *Juvenile and Family Court Journal, 60(4), 11-23. (Evaluation and outcomes)*

This article presents findings from a study of the impact of the Engaging Moms Program (EMP) at the Miami-Dade (Florida) Dependency Drug Court. Results showed that the EMP participants had greater graduation rates, higher reunification rates than participants in the case management services (CMS). The authors claim that the EMP is a promising family drug court intervention.

Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., . . . Hawes, S. (2010). A randomized pilot study of the engaging moms program for family drug court. *Journal of Substance Abuse Treatment, 38(3), 263-274. doi:10.1016/j.jsat.2010.01.002*

In response to the need for effective drug court interventions, the effectiveness of the Engaging Moms Program (EMP) versus Intensive Case Management Services (ICMS) on multiple outcomes for mothers enrolled in family drug court was investigated. In this intent-to-treat study, mothers (N = 62) were randomly assigned to either usual drug court care or the Engaging Moms drug court program. Mothers were assessed at intake and 3, 6, 12, and 18 months following intake. Results indicated that at 18 months post drug court enrollment, 77% of mothers assigned to EMP versus 55% of mothers assigned to ICMS had positive child welfare dispositions. There were statistically significant time effects for both intervention groups on multiple outcomes including substance use, mental health, parenting practices, and family functioning. EMP showed equal or better improvement than ICMS on all outcomes. The results suggest that EMP in family drug court is a viable and promising intervention approach to reduce maternal addiction and child maltreatment.

Dennis, K., Rodi, M. S., Robinson, G., DeCerchio, K., Young, N. K., Gardner, S. L., ... Corona, M. (2015). Promising results for cross-systems collaboration efforts to meet the needs of families impacted by substance use. *Child Welfare, 94(5), 21-43.*

This study is based on data regarding more than 15,000 families served by 53 federal grantees showing that child safety and permanency, parental recovery, and family well-being improve when agencies work together to address the complex needs of families at the intersection of substance abuse treatment and child welfare. Strategies summarized here offer promising collaborative approaches to mitigate the negative outcomes too often experienced by families impacted by substance use disorders.

Drabble, L. A., Haun, L. L., Kushins, H., & Cohen, E. (2016). Measuring client satisfaction and engagement: The role of a Mentor Parent Program in family drug treatment court. *Juvenile and Family Court Journal*, 67(1), 19-32. doi: 10.1111/jfcj.12053

Parent engagement is an important intermediate outcome in Family Drug Treatment Court (FDTC) and child welfare services. This study explored the utility and reliability of a client satisfaction and engagement survey designed to measure interim outcomes of a Mentor Parent Program, operating in conjunction with a FDTC. Findings suggest the survey is a useful, parsimonious, and reliable tool for measuring key dimensions of parent mentor services including client engagement; client-centered support and empowerment; and help with systems navigation and accessing resources. The survey may be adapted for use in other FDTC or parent mentor contexts.

Ferguson, A., Hornby, H., & Zeller, D. (2007). *Evaluation of the Lewiston Family Treatment Drug Court: A process and intermediate outcome evaluation*. Portland, ME: Hornby Zeller Associates, Inc. Retrieved from

http://www.courts.maine.gov/maine_courts/drug/Family%20Drug%20Court%20FINAL%20May%2008.pdf

Highlights of key findings include: 1) the Lewiston Family Drug Court (LFDC) has developed a strong integrated model, reflective of accepted best practice in the field of drug court programming; 2) family drug court participants were more likely to enter into and subsequently complete treatment than comparison groups who received conventional case processing; 3) once returned home, children of family drug court participants were less likely to experience a subsequent removal from the home; 4) children of family drug court participants spent less time in foster care generating lower foster care costs than comparison groups; and 5) five drug-free babies were born to mothers participating in the family drug court program. In follow-up to the program evaluation, four recommendations were offered, designed to improve the performance of the system for better outcomes: 1) expand the capacity of the LFDC Program; 2) continue efforts aimed at reducing the amount of time it takes to be admitted into the LFDC; 3) narrow the range of sanctions imposed for certain violations of the family drug court contract; and 4) collaborate with treatment agencies to expand the range of treatment options for family drug court participants. The LFDC, in Maine is a specialized civil court proceeding responsible for handling child protective custody cases involving substance abuse by parents or other caregivers. The overall purpose of this evaluation was to determine whether the LFDC is more effective than traditional court settings in helping parents with substance abuse problems achieve better parent and parent-child outcomes.

Flosi, E. A. (2015). *The experience of parent partners in dependency drug court* (Master's thesis, California State University, Stanislaus).

Dependency drug courts have been implemented across the country in an effort to address parental substance abuse in the child welfare system. Additionally, peer mentors, also called Parent Partners, are now being used to assist parents who are currently involved in the child welfare system engage in services such as those offered by dependency drug courts. The research is currently limited on the effectiveness of dependency drug courts and the effectiveness of Parent Partner programs. Furthermore, the experiences of parents who have received these services have

yet to be substantially explored. Building on the research available, this study examined the experiences of Parent Partners in a rural dependency drug court program. The sample consisted of three Parent Partners who previously participated in and successfully graduated from dependency drug court and are currently in a mentor role. Parent partners reported their experiences to be positive while receiving dependency drug court services while involved in the child welfare system. The program was found to be effective and the participants provided feedback on program recommendations. Parent Partners reported their positions were to provide advice, support, friendship, and leadership to parents involved in dependency drug court and had the ability to uniquely connect to parents because of their shared experiences. Parent partners additionally reported their roles as mentors provided positive benefits and reinforced their sobriety while providing support and guidance for parents who are currently navigating the child welfare system.

Gottfredson, D. C., Kearley, B. W., Najaka, S. S., & Rocha, C. M. (2005). The Baltimore city drug treatment court 3-year self-report outcome study. *Evaluation Review*, 29(1), 42-64. doi: 10.1177/0193841X04269908

This study reports results from interviews with 157 research participants who were interviewed 3 years after randomization into treatment and control conditions in the evaluation of the Baltimore City Drug Treatment Court. The interviews asked about crime, substance use, welfare, employment, education, mental and physical health, and family and social relationships. Program participants reported less crime and substance use than did controls. Few differences between groups were observed on other outcomes, although treatment cases were less likely than controls to be on the welfare rolls at the time of the interview. Effects differed substantially according to the originating court.

Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment*, 12(1), 43-59. <https://dx.doi.org/10.1177/1077559506296317>

Family treatment drug courts (FTDCs) are a rapidly expanding program model designed to improve treatment and child welfare outcomes for families involved in child welfare who have substance abuse problems. The present study compares outcomes for 250 FTDC participants to those of similar parents who did not receive FTDC services in four sites. Results show that FTDC parents, compared to comparison parents, entered substance abuse treatment more quickly, stayed in treatment longer, and completed more treatment episodes. Furthermore, children of FTDC parents entered permanent placements more quickly and were more likely to be reunified with their parents, compared to children of non-FTDC participants. Finally, the FTDC program appears to have a "value added" in facilitating positive child welfare outcomes above and beyond the influence of positive treatment experiences.

Green, B. L., Furrer, C. J., Worcel, S. D., Burrus, S. W. M., & Finigan, M. W. (2009). Building the evidence base for family drug treatment courts: Results from recent outcome studies. *Drug Court Review*, 6(2), 53-82.

Results from at least four studies of FTDCs found evidence for their effectiveness in assisting and supporting parents in entering, remaining in, and completing substance abuse treatment so they could be reunited with their children; however, different program models achieved different outcome patterns. The Pima County (Arizona) study found positive effects for treatment completion, family reunification, and reduced times to permanent placement. Two other programs showed consistent positive treatment and child welfare outcomes. Neither of these two sites produced reduced time to permanent placements. The two most successful sites were longstanding FTDCs whose models aligned closely with the core program elements supported by organizations such as the National Association of Drug Court Professionals and the Bureau of

Justice Assistance. They all used an integrated judicial processing system. Although reasons for site differences were difficult to determine, the results suggest that the integrated, traditional family drug court model may be more effective than other variations. Further research is needed in order to identify and systematically test such model differences, in order to develop an understanding of what features of the FDTC are most important for achieving intended outcomes. This article summarizes the findings of completed FDTC outcome studies, including one unpublished report and two published reports. Results are also presented from a recently completed, large-scale outcome study (Worcel, Green, Furrer, Burrus, and Finigan, 2008). Four of the sites studied were in San Diego, CA; Santa Clara County, CA; Suffolk County, NY; and Washoe County, NV.

Green, B. L., Rockhill, A., & Burrus, S. (2002). *What helps and what doesn't: Providers talk about meeting the needs of families with substance abuse problems under ASFA: Summary of findings.* Portland, OR: NPC Research, Inc. Retrieved from <http://npcresearch.com/wp-content/uploads/Executive-Summary-what-works.pdf>

This report presents results from a research study designed to understand how child welfare (DHS); substance abuse treatment; and the legal system (including judges, referees, lawyers, and others are (or are not) working together to meet the needs of substance-abusing families involved with child welfare.

Green, B. L., Rockhill, A., & Burrus, S. (2008). *The role of interagency collaboration for substance-abusing families involved with child welfare.* *Child Welfare, 87(1), pp. 29-61.*

Meeting the needs of families involved with the child welfare system because of a substance abuse issue remains a challenge for child welfare practitioners. In order to improve services to these families, there has been an increasing focus on improving collaboration between child welfare, treatment providers, and the court systems. This paper presents the results from qualitative interviews with 104 representatives of these three systems that explore how the collaborative process works to benefit families, as well as the barriers and supports for building successful collaborations. Results indicate that collaboration has at least three major functions: building shared value systems, improving communication, and providing a “team” of support. Each of these leads to different kinds of benefits for families as well as providers and has different implications for building successful collaborative interventions. Despite these putative benefits, providers within each system, however, continue to struggle to build effective collaborations, and they face such issues as deeply ingrained mistrust and continued lack of understanding of other systems’ values, goals, and perspectives. Challenges that remain for successful collaborations are discussed.

Haack, M., Alemi, F., Nemes, S., & Cohen, H. J. B. (2008). *Experience with family drug courts in three cities.* *Substance Abuse, 25(4), 17-25.* http://dx.doi.org/10.1300/J465v25n04_03

The purpose of the study was to describe the following components of specialized Family Drug Courts: (1) children under court supervision; (2) parent(s) named in the petition; (3) services provided and court actions taken; and (4) relapse rates. Data were collected from the court records of 65 families in three courts in Florida, Kansas, and New York. Courts differed in type of clients, sanctions used, and length of time required between drug testing. Drug testing frequency varied depending on the parent's recovery and cooperation. Test results indicated a decline in drug use in the first four months and an increased risk for relapse between the 15th and 19th weeks. Specialized Family Drug Courts show promise for an improved way to address child abuse and neglect involving parental substance use. They can also provide a unique clinical training experience for health professionals.

Harwin, J., Alrouh, B., Ryan, M., & Tunnard, J. (2014). *Changing lifestyles, keeping children safe: An evaluation of the first family drug and alcohol court (FDAC) in care proceedings*. London: Brunel University. Retrieved from http://www.nuffieldfoundation.org/sites/default/files/files/FDAC_May2014_FinalReport_V2.pdf

This report presents the findings from an independent evaluation of the pilot Family Drug and Alcohol Court (FDAC). FDAC is an innovative approach to care proceedings where parental drug or alcohol misuse is a key feature of the case. The FDAC pilot began in January 2008 at the Inner London Family Proceedings Court in London. The desired outcomes of FDAC were to achieve higher rates of cessation of parental substance misuse, safer and more sustainable family reunification, and swifter placement with permanent alternative caregivers when reunification was not possible. The evaluation was carried out in two stages between 2008 and 2013. It aimed to: 1) describe the FDAC pilot and estimate its costs; 2) identify set-up and implementation lessons; 3) compare FDAC with ordinary care proceedings; and 4) indicate whether this new approach might lead to better outcomes for children and parents. The findings show that FDAC improves treatment outcomes for parents and improved reunification rates for children.

Harwin, J., Bachar, A., Ryan, M., Tunnard, J. (2013). *Strengthening prospects for safe and lasting family reunification: Can a family drug and alcohol court make a contribution?* *Journal of Social Welfare and Family Law*, 35(4), 459-474. <http://dx.doi.org/10.1080/09649069.2013.851244>

This article examines the contribution of the first Family Drug and Alcohol Court (FDAC) within care proceedings in England and Wales. It asks what FDAC can contribute to family reunification amid concerns about the safety and sustainability of return home and significant changes in care proceedings under the Children and Families Bill of 2013. Features of FDAC as a problem-solving court are outlined and findings of an independent evaluation are presented to consider FDAC's contribution to safe return home at the end of the care proceedings. The likely impact of the Children and Families Bill of 2013 on FDAC's reunification objectives and the rationale for an FDAC aftercare service are discussed. The article concludes that FDAC has the potential to play a useful role in promoting safe reunification at the end of care proceedings. The Children and Families Bill of 2013 creates both opportunities and challenges to the FDAC model in respect of its approach to enhance safe reunification prospects, and adaptations will be necessary. There is a strong case to develop an FDAC aftercare service to help promote lasting reunification and safe and committed parenting.

Harwin, J., Ryan, M., Tunnard, J., Pokhrel, S., Alrough, B., Matias, C., & Momenian-Schneider, S. (2011). *The family drug & alcohol court (FDAC) evaluation project final report*. London: Brunel University. Retrieved from <http://www.nuffieldfoundation.org/sites/default/files/files/FDAC%20EVALUATION%20FINAL%20REPORT%20-%20May%202011.pdf>

This report presents the findings from the evaluation of the first pilot Family Drug and Alcohol Court (FDAC) in Britain. This article describes the evaluations' main purpose which was to estimate costs, identify set-up and implementation lessons, compare FDAC with ordinary care proceedings and indicate if this approach may lead to better outcomes for children and parents. Results show more control or cessation of substance misuse, higher rates of reunification and more rapid permanency placements when reunification was not possible.

Houston, J. H. (2003). *Drug courts: A study of retention and suspension in the kalamazoo county drug court program* (Doctoral dissertation). Retrieved from ProQuest. (3080098)

This dissertation presents the findings of a study which sought to determine what factors contributed to the success or failure of drug court participants. The study sought to determine which factors were perceived as coercive by participants, judges and administrators and how such

perception might be related to variables such as age, race, gender, education, marital status, experience on the job and others.

Hughes, J. B. (2014). *Parental substance abuse and child neglect: Findings from a family treatment drug court (Doctoral dissertation)*. Retrieved from ProQuest. (3645646)

Child neglect is the most common form of child maltreatment, and yet less recognized, treated, or researched than child physical or sexual abuse. Child neglect is also highly associated with parental substance abuse, parents' trauma histories, and trauma symptoms. This study explores the relation between parental substance abuse, parental history of trauma and trauma-related symptoms, and child neglect within a sample of families involved in a family treatment drug court (FTDC) for parental substance abuse and child neglect. Data were collected on 70 mothers and fathers who became involved with the FTDC because they neglected their children as a result of their substance abuse. Parental substance abuse was assessed at intake using a semi-structured clinical interview. Parents' trauma history, trauma symptoms, and parenting attitudes were collected using self-report measures. A trained clinician assessed family functioning and parenting techniques. The severity of parents' alcohol problems and trauma histories were found to impact their use of adaptive parenting techniques. Parents' trauma symptoms and trauma histories were found to differentially impact the parent-child relationship; children of parents with more severe trauma symptoms were at a greater risk of neglect while children of parents who experienced four or more adverse childhood experiences were at a lower risk of neglect. Parents' trauma histories and experience of childhood neglect also impacted treatment gains. Recommendations for assessing parents' trauma histories and symptoms as they relate to substance abuse and child welfare treatment planning are discussed. Methods to improve the study of child neglect are also identified as they pertain to families affected by substance abuse and trauma.

Lens, V. (2016). *Engaging parents in family court: Lessons from an observational study of child protection cases*. *Journal of Social Work*, 17(2), 129-146. doi:10.1177/1468017316637589

This study explores the courtroom interactions between judges, attorneys, and parents charged with child abuse or neglect. Drawing on ethnographic observations of court cases in a Family Court located in the northeastern United States, this study seeks to understand how judges encourage or inhibit parents' participation and the strategies and tactics used to influence parental behaviors and obtain cooperation with court orders.

Mackin, J. R. (2014). *Marion county family drug treatment court process evaluation site visit report*. Portland, OR: NPC Research. Retrieved from <http://npcresearch.com/wp-content/uploads/MCFDTC-Site-Visit-Report-December-2014-final.pdf>

This report presents the findings from a process evaluation conducted for the Marion County Family Drug Treatment Court (MCFDTC) in September 2014. NPC Research conducted a process evaluation of the MCFDTC in 2010, with a follow-up in 2012. An additional follow-up site visit was conducted in 2014 to observe the program's current operations, talk with team members and participants, and assess progress on recommendations from the 2012 process evaluation findings. This report summarizes the results of the follow-up site visit, highlighting program enhancements and progress, as well as suggestions for program improvement, including those ideas that were provided by team members and participants.

Mackin, J. R., Aborn, J. A., Sanders, M. B., Kissick, K., & Carey, S. M. (2013). *Marion county fostering attachment treatment court follow-up process and outcome evaluation report*. Portland, OR: NPC Research. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojdp/grants/244165.pdf>

The process evaluation found that the FATC follows many of the best practices of the 10 key components of drug courts. This includes a staff that presents a range of collaborating agencies

that provide diverse and specialized treatment. The collaboration includes child welfare case workers. The judge had frequent contact with program participants, and the program collects the data necessary for evaluation and monitoring, which has been used to frame changes in policies and practices. The review of program operations resulted in four recommendations for improving program functioning: decrease the time from petition to program entry; increase participant time before the judge in status-review hearings; ensure role-specific training for new FATC judges; and ensure that all team members receive initial and ongoing training. The outcome evaluation focused on treatment duration, treatment completion, and criminal justice recidivism. In the first year of operation FATC program parents spent significantly more time in treatment than parents who did not participate in the program. Over time, however, the difference between participants and nonparticipants lessened to the point of insignificance. Perhaps the most encouraging treatment finding was that a significantly higher proportion of FATC parents had completed treatment compared with comparison-group parents across all annual time points from 2 to 4 years post-petition. FATC parents also experienced significantly fewer out-of-home adoptions and terminations of parental rights. In addition, FATC parents were re-arrested less often than the comparison group.

Martin, S. M., & Moore, K. A. (2013). *Policy evaluation of hillsborough county's family dependency treatment court.* **Mental Health Law & Policy Faculty Publications.** Retrieved from http://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1578&context=mhlp_facpub

Child abuse and neglect is a troubling issue all too familiar with courts in the United States. The problem becomes even more complicated when substance abuse is involved. In 2004, approximately 500,000 children were removed from their homes because of abuse and neglect issues. In the past few years, a judicial model appeared to address both substance abuse and child dependency issues. This model, entitled Family Dependency Treatment Court (FDTC) enables the court to mandate treatment for parents and make reunification dependent on treatment compliance. The FDTC program in Hillsborough County, Florida is now in its second year and has raised a host of policy and procedural issues. As such, 20 key FDTC informants and 6 clients were interviewed to identify strengths and weaknesses of the program. Key areas identified as requiring improvement include increasing communication and collaboration among key stakeholders, training on FDTC inclusion criteria, and increased funding for treatment services and resources. Identified strengths included being a court-based treatment program, providing a supportive atmosphere for clients, and maintaining reunification as a goal. The results of this evaluation emphasize the importance of diverse organizations working collaboratively to achieve this often difficult objective within the child welfare setting.

McMillin, H. (2012). *Therapeutic justice and addicted parents: A family treatment court evaluation.* El Paso: LFB Scholarly Publishing LLC.

This book provides insight into the treatment team processes and parent/family outcomes for a family treatment court. The author examines therapeutic justice through the lens of Sampson and Laub's Life Course theory. This study found that family treatment can serve as a structural turning point that intersects with a life trajectory spiraling down into more severe and destructive drug use, and redirect parents' life trajectory towards sobriety and family reunification. The research revealed that 86% of graduates were reunited with their children, versus 22% of the comparison group.

McMillin, H. E. (2007). *Process and outcome evaluation of the spokane county meth family treatment court 2003–2005.* (Doctoral dissertation). Washington State University, Washington. Retrieved from http://www.dissertations.wsu.edu/Dissertations/Fall2007/h_mcmillin_120307.pdf

This dissertation presents findings from a two-year evaluation by the researcher documenting the Spokane County Meth Family Treatment Court processes and outcomes, and included treatment

assessment and child protective services (CPS) document review, as well as treatment team member and client interviews. Observations of this program include over 200 hours of documented treatment court team meetings and more than 200 hours of courtroom observations. Treatment assessments for eighty-six potential program clients were reviewed and quantified into an SPSS data set for analysis, as were the CPS files of 124 subjects, including program graduates (44), early outs (44), and a comparison group (36). Study subjects were measured on variables including family reunification, permanent housing, employment, involvement in recovery activities, and family planning measures for family treatment court clients over a three- to six-year period, covering both pre- and post program periods. Observations and records review information were supplemented with interviews by treatment team members and post-program interviews with 25 of the 44 program graduates. Conclusions on therapeutic jurisprudence were made using Life Course Theory as a framework and social capital as an element of explanation. Findings include: 86% of graduates reunited with their children, versus 22% of the comparison group; graduates remained in treatment for an average of 55 weeks, versus 8 weeks of treatment on average for the comparison group; the number of months a child dependency case remained open was comparable (approximately 20 months) for graduates and the comparison group; and graduates were re-referred to CPS at higher rates (50%) than early outs (38%) or comparisons (12%), but subsequent childbirth was much less likely to be the cause of subsequent CPS involvement for graduates.

The National Evaluation of the Court Improvement Program. (2007). *Synthesis of 2005 court improvement reform and activities – Final report.* Washington DC: U.S. Department of Health and Human Services. Retrieved from <http://www.pal-tech.com/cip/files/FirstSynthesis.pdf>

The Federal Court Improvement Program (CIP) provides funding to courts in all 50 states, the District of Columbia, and Puerto Rico to improve court proceedings concerning child welfare cases. This report describes where CIP efforts were focused in 2005 for the purpose of providing context for the in-depth evaluations of study sites. This report also briefly describes some of the contextual issues of the 2005 CIP activities including the relevance of the activities to the state's Child and Family Services Review program improvement plan. It provides examples of how CIP offices collaborated with state child welfare agencies on the Reviews and development and implementation of the program improvement plans. It also presents what state CIP coordinators described as some of their major accomplishments since CIP implementation began.

The National Evaluation of the Court Improvement Program. (March 2010). *Review and synthesis of court reform evaluations. Final report.* U.S. Department of Health and Human Services: Rockville, MD. Retrieved from <http://www.pal-tech.com/cip/evaluations.cfm>

The National Evaluation of the Court Improvement Program builds on previous evaluations of court reform. Existing evaluations are being reviewed and synthesized to provide a broader context for understanding and interpreting findings gained through the outcome evaluations of the study sites. Project staff are reviewing evaluations performed on: CIP-funded initiatives, Adoption Opportunity initiatives, Model Courts (funded by the National Council of Juvenile and Family Court Judges), Family Drug Courts, and Other specialized courts. These evaluations assess a broad range of reforms and activities and use a range of evaluation designs and methodologies to assess performance. Therefore, evaluations are being assessed based on three characteristics: 1) reform type 2) evaluation design components 3) and rigor of design components. The goal of this analysis is three fold. First, it will allow us to present findings from multiple evaluations of a given reform category (for instance, alternative dispute resolution models). Second, it will allow us to present these findings based on the rigor of the analysis used. Third, this approach will allow us to highlight stronger evaluations and present methodologies to the field for future use and replication.

National Institute on Drug Abuse. (2014). *Principles of drug abuse treatment for criminal justice populations – A research-based guide*. Retrieved from <http://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations/principles>

This booklet—a complement to NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide—is intended to describe the treatment principles and research findings that have particular relevance to the criminal justice community and to treatment professionals working with drug abusing offenders. It is divided into three main sections: 1) research findings on addicted offenders distilled into 13 essential principles, 2) a series of frequently asked questions (FAQs) about drug abuse treatment for those involved with the criminal justice system, and 3) a resource section that provides Web sites for additional information.

Pesta, G., Bales, W., Blomberg, T., & Mestre, J. (2013). *Palm beach county family drug court evaluation – Final report*. Tallahassee, FL: Florida State University, Center for Criminology and Criminal Justice. Retrieved from <http://criminology.fsu.edu/wp-content/uploads/Palm-Beach-County-Family-Drug-Court-Final-Report.pdf>

This report presents the findings of a process and outcome evaluation of the Palm Beach County Family Drug Court (FDC). Overall the authors found this particular FDC to be a good program with overall positive outcomes. The authors make some recommendations on how to improve the FDC including administrative, program, client recruitment & retention, self-evaluation, and strategic planning and sustainability improvements.

Picard-Fritsche, S., Bryan, J., Kralstein, D., & Farley, E. (2011). *The bronx family treatment court 2005-2010: Impact on family court outcomes and participant experiences and perceptions*. New York: Center for Court Innovation. Retrieved from http://www.courtinnovation.org/sites/default/files/documents/Full_Bronx_FTC.pdf

Highlights from this evaluation of the impact of the Bronx Family Treatment Court (FTC) on family court outcomes include: for the period 2005 through 2010, 880 child neglect cases were screened and 211 cases were enrolled in the FTC; the majority of the participants (79 percent) had 1 or more children removed from their care; 87 percent of the participants were female, 48 percent were Black, 42 percent were Latino, and 61 percent were never married; the most common drugs used by participants were marijuana, cocaine, and crack cocaine; participants spent an average of 19 months enrolled in the Bronx FTC, and almost 98 percent of participants committed at least 1 infraction during their time with the program; and children involved in the program who were removed from their parents' care took an average of 16.1 months to be permanently reunified with their parents, compared to 12.6 months for comparison children not involved in the program. This report from the Center for Court Innovation presents an evaluation of the Bronx FTC for the period 2005 through 2010. The Bronx FTC, based on the adult drug court model, orders parents with a child neglect case and underlying substance abuse treatment allegation into treatment. The intent of the evaluation was to assess the success of the court in dealing with child neglect cases. Interviews were conducted to determine the court's impact on participants' service experiences, perceptions of the judge, case managers, and court process. The evaluation found that while the Bronx FTC did not have a positive impact on traditional permanency outcomes with neglected children, it did provide advantages to participants, such as better case manager, better ancillary services, and more positive perceptions from the court's judges.

Pollock, M. D., & Green, S. L. (2015). Effects of a rural family drug treatment court collaborative on child welfare outcomes: Comparison using propensity score analysis. *Child Welfare, 94*(4), 139-159.

Previous studies that have examined the impact of family drug treatment courts (FDTCs) on child welfare outcomes have produced mixed results. This study evaluates the impact of a rural, FDTC collaborative on child welfare outcomes using propensity score analysis. Findings from the study show that children in the treatment group had longer stays in child welfare custody but were substantially less likely to experience future incidents of maltreatment than those in families with parental substance use disorders without these services.

Rivera, M. (2008). Healing families: An outcome evaluation of a community family court. *Juvenile and Family Court Journal*, 59(1), 17-32. doi: 10.1111/j.1755-6988.2007.00002.x

In this paper, a model community family court program that seeks to break the intergenerational cycle of crime and substance abuse by treating families holistically will be presented. This model court seeks to reduce crime and provide safe and permanent homes for children of substance-abusing parents. In this community family court, the prototypical problem-solving court has been both focused and expanded. The community family court provides a focused response designed to address the unique combination of problems facing families on a family-by-family basis. At the same time, supervision and treatment services have been expanded to include every family member and all open court cases including criminal charges, juvenile delinquency, dependency, and civil cases. An overview of the court's evolution and discussion of integrated services designed to provide a wraparound style intervention will be highlighted as key contributors to the largely positive results of this community family court's evaluation.

Roche, B. K. (2005). *Yellowstone county family drug treatment court: Program evaluation report*. Montana: Arrowhead Psychological & Behavioral Sciences.

Shannon, L. M., Jackson, A., Perkins, E., & Neal, C. (2014). Examining gender differences in substance use, participant characteristics, and treatment outcomes among individuals in drug court. *Journal of Offender Rehabilitation*, 53(6), 455.

The study purpose was to examine gender differences in factors of potential importance (i.e., substance use, mental health, treatment motivation, criminal activity/thinking) which may help predict treatment outcome among a sample of individuals in drug court. Baseline data were collected via face-to-face interviews from a sample of individuals participating in drug court (N = 515). The multivariate logistic regression analysis showed: age ($p < .001$), employment ($p < .001$), and number of months of lifetime incarceration ($p < .001$) were significant predictors of program completion. Based on study findings, gender may not be a critical factor on program completion in drug court. Rather, the multivariate analysis suggests several of these other characteristics are the critical factors in understanding completion of the drug court program.

Sieler, D. (2015). *Clark county family treatment court: Striding towards excellent parents (STEP) vancouver, WA – Process, outcome, and cost evaluation report*. Portland, OR: NPC Research. Retrieved from http://npcresearch.com/wp-content/uploads/Clark-County-CAM-Process-Outcome-Cost-Evaluation_1015.pdf

NPC Research partnered with the Clark County Family Treatment Court to conduct an evaluation of the Family Treatment Court as part of their Children Affected by Methamphetamines (CAM) grant, awarded to Clark County in 2010 by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the grant was to enhance the FTC program by adding more services for parents and their children, specifically mental health/family counseling, an at home support specialist, parenting assistance (including home, in office one-on-one and group classes around parenting skills) and evidenced based practices for parenting (Triple P and Parent Child Interaction Therapy). Participants opting into CAM services also received a neuropsychological exam intended to help identify participant and family needs to better plan which additional services were most appropriate.

Sloan, F. A., Gifford, E. J., Eldred, L. M., Acquah, K. F., & Blevins, C. E. (2013). Do specialty courts achieve better outcomes for children in foster care than general courts? *Evaluation Review*, 37(1), 3-34. doi: 10.1177/0193841X13487536

This study assessed the effects of unified family and drug treatment courts (DTCs) on the resolution of cases involving foster care children and the resulting effects on school performance. The first analytic step was to assess the impacts of presence of unified and DTCs in North Carolina counties on time children spent in foster care and the type of placement at exit from foster care. In the second step, the same data on foster care placements were merged with school records for youth in Grades 3–8 in public schools. The effect of children’s time in foster care and placement outcomes on school performance as measured by math and reading tests, grade retention, and attendance was assessed using child fixed-effects regression. Children in counties with unified family courts experienced shorter foster care spells and higher rates of reunification with parents or primary caregivers. Shorter foster care spells translated into improved school performance measured by end-of-grade reading and math test scores. Adult DTCs were associated with lower probability of reunification with parents/primary caregivers. The shortened time in foster care implies an efficiency gain attributable to unified family courts, which translate into savings for the court system through the use of fewer resources. Children also benefit through shortened stays in temporary placements, which are related to some improved educational outcomes.

Taylor, C. S. (2016). *A study of differences between completers and non-completers of family drug court programs* (Doctoral dissertation). Retrieved from ProQuest (10157355).

An ex post facto quantitative quasi-experimental study was utilized to determine if the number of days in treatment, the number of drug screens and the number of court appearances impact the completion of family drug court programs throughout the Southwestern United States from October 1st, 2013 to September 30th, 2015. Groups of completers and non-completers are compared to the overall number of days in treatment, the number of drug screens, and the number of court appearances through the use of a multivariate analysis of variance (MANOVA). Additionally, this study seeks to advance the use of social learning theory and its application to drug and alcohol prevention throughout the mental health field, and offers to aid in the advanced education for social workers, counselors, psychologists, and case managers who serve to further the field of family drug courts.

van Wormer, J., Hamilton, Z., & Hsieh, M. (2014). *Snohomish county family drug treatment court: Process, outcome and cost-benefit evaluation report*. Pullman, WA: Washington State University. Retrieved from <https://snohomishcountywa.gov/ArchiveCenter/ViewFile/Item/4209>

This report covers the findings from the process evaluation (originally completed in April 2013), the outcome study and a limited cost analysis study of the Snohomish County Family Drug Treatment Court (SCFDTC). Multiple methods were used to assess program practices, including direct staffing and court observations (field visits), focus groups with prior participants, drug court case management system review, on-line team member survey and document review. Overall, the SCFDTC has been implemented as intended in policy and according to the 10 Key Components. Results showed that SCFDTC participants had significantly higher treatment completion rates than those who participated in the traditional intervention (75% vs. 52%). In terms of child reunification and termination, a larger percentage of SCFDTC participants had their children returned (70% vs. 62%), and a smaller percentage of SCFDTC participants had their parental rights terminated (9% vs. 30%). In terms of length of dependency, children of SCFDTC participants spent significantly less time in the child welfare system when compared to their traditional court counterparts (393 days vs. 848 days). In-program comparisons to measure outcomes of graduates vs. program terminations were also analyzed. The results also found that a

net per-participant savings of \$5,969 is generated by SCFDTC participation, due to the decreased out of home placement stays, reductions in foster-care costs and faster reunifications rates.

Worcel, S., Furrer, C., Green, B. L., & Rhodes, B. (2006). *Family treatment drug court evaluation: Final phase I study report*. Portland, OR: NPC Research. Retrieved from <http://npcresearch.com/wp-content/uploads/Phase-I-Study-Report.pdf>

This report presents the findings of a 4-year study conducted investigating the short and long-term child welfare and treatment outcomes for families involved with these programs. Based on the research findings, FDTCs appear to be successful in improving outcomes for children and families.

Worcel, S. D., Green, B. L., Furrer, C. J., Burrus, S. W. M., & Finigan, M. W. (2007). *Family treatment drug court evaluation: Final report*. Portland, OR: NPC Research. Retrieved from [http://npcresearch.com/wp-content/uploads/FTDC Evaluation Final Report.pdf](http://npcresearch.com/wp-content/uploads/FTDC_Evaluation_Final_Report.pdf)

This report presents the findings of a 4-year study conducted investigating the short and long-term child welfare and treatment outcomes for families involved with these programs. Based on the research findings, FDTCs appear to be successful in improving outcomes for children and families. The evaluation also presents findings on how and for whom the FDTCs work.

Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W. M., & Finigan, M. W. (2008). Effects of family treatment drug courts on substance abuse and child welfare outcomes. *Child Abuse Review*, 17(6), 427-443. doi: 10.1002/car.1045

This paper presents results from the first large-scale outcome study of American Family Treatment Drug Courts (FTDCs)—specialized courts designed to work with substance-abusing parents involved with the child welfare system. The paper examines whether court, child welfare and treatment outcomes differed for 301 families served through three FTDCs as compared to a matched sample of 1,220 families with substance abuse issues who received traditional child welfare services. Propensity score weights were used to account for measured differences between the FTDC and comparison groups. Child welfare outcomes were analyzed using analytical techniques that controlled for these inherently nested data (i.e. children within a family). Overall, the study found that FTDC mothers had more positive treatment outcomes than similar mothers who were not served by the FTDC. FTDC mothers were more likely to enter substance abuse treatment services than were non-FTDC mothers, entered treatment more quickly after their initial court petition than did non-FTDC mothers, spent twice as much time in treatment than did non-FTDC mothers and were twice as likely to complete at least one treatment episode than non-FTDC mothers. In addition, data from the study indicate that FTDCs influence a key child welfare variable of interest: FTDC children were significantly more likely to be reunified with their mothers than were unserved children.

Young, N. K., Wong, M., Adkins, T., & Simpson, S. (2003). *Family drug treatment courts: Process documentation and retrospective outcome evaluation*. Irvine, CA: Children and Family Futures.

A retrospective study of five DDCs was conducted for the federal government in 2003. A total of 299 DDC cases and 240 comparison cases were included in the analysis. There were 630 children in the DDC group and 505 children in the comparison group. Statistically significant results showed that across sites the DDC participants received more episodes of substance abuse treatment, entered treatment faster, were arrested less often, had fewer subsequent child abuse and neglect reports, and reunified with their children faster than comparison participants.

Zeller, D., Hornby, H., & Ferguson, A. (2007). *Evaluation of maine's family treatment drug courts: A preliminary analysis of short and long-term outcomes*. Portland, ME: Hornby Zeller Associates.

Retrieved from

http://www.courts.maine.gov/maine_courts/drug/Statewide%20FTDC%20Evaluation%202007.pdf

This article presents findings from an evaluation study of Maine's Family Treatment Drug Courts (FTDC). The findings of the study suggest that this states' FTDC improve outcomes for families and children involved in the program.

Treatment and Child Welfare Outcomes

Akin, B. A., Brook, J., Byers, K. D., & Lloyd, M. H. (2016). Worker perspectives from the front line: Implementation of evidence-based interventions in child welfare settings. *Journal of Child and Family Studies*, 25(3), 870-882.

Despite the expansion of evidence-based interventions (EBIs) into child welfare settings, there are gaps in existing knowledge about how to effectively put them into practice. Implementation scientists suggest that multiple factors influence quality EBI delivery and ultimately positive outcomes. To understand the applicability of existing implementation evidence for child welfare settings and to document real-world experiences of EBI implementation in this setting, this study interviewed program staff from two child welfare agencies in two separate states. We sought their perspectives on what helps and what hinders EBI implementation. Transcripts were coded and analyzed with a modified analytic induction approach. This analytic technique permitted researchers to confirm or disconfirm prior research on key implementation factors. Findings describe the role of six broad factors consistent with extant literature: process, provider, innovation, client, organizational, and structural. Front line workers conceptualized these factors as distinct but interrelated and viewed them as influencing the success of EBI implementation. Child welfare staff made several important suggestions including: interactive, engaging training; coaching supports that facilitate high-fidelity implementation alongside well-tailored interventions; organizational supports and leadership that create a welcoming environment for the EBI, including adequate resources for the day-to-day use of the EBI and proactive problem-solving to manage the inevitable unforeseen implementation barriers; and, efforts to actively educate and gain the buy-in of external stakeholders. As EBIs continue to expand into child welfare settings, local implementers should carefully consider how various factors at multiple levels may impede or facilitate effective implementation.

Akin, B. A., Brook, J., & Lloyd, M. H. (2015). Co-occurrence of parental substance abuse and child serious emotional disturbance: Understanding multiple pathways to improve child and family outcomes. *Child Welfare*, 94(4), 71-96.

This study is a mixed-methods examination of the prevalence and impact of parental substance abuse among families involved in foster care who have a child with a serious emotional disturbance. Data utilized for this study were both administrative and assessment data collected by case managers and parents as part of a federally funded demonstration project in a Midwestern state. At baseline, parent self-report and case manager ratings of family functioning found that parents affected by substance abuse fared worse in domains related to socioeconomics, parental trauma, parental mental health, and social supports when compared to families without parental substance abuse. Case managers and independent raters scored parents affected by substance abuse higher on effective parenting than parents not affected by substance abuse. While all children in the sample have a serious emotional disturbance, parents and case managers rated children's functioning higher among children whose families were characterized by parental substance abuse. These results suggest that, among families who have children with a serious emotional disturbance and are in foster care, those with and without substance abuse may represent two distinct service groups, each with a unique set of needs and contextual factors. For families with parental substance abuse, findings suggest that an appropriate child welfare

response should attend to both children's and parent's behavioral health needs and include strategies that are well matched to the families' socioeconomic and social support needs.

Akin, B. A., Brook, J., & Lloyd, M. H. (2015). Examining the role of methamphetamine in permanency: A competing risks analysis of reunification, guardianship, and adoption. *American Journal of Orthopsychiatry*, 85(2), 119-130. <http://dx.doi.org/10.1037/ort0000052>

Parental methamphetamine use has drawn significant attention in recent years. Despite prior research that shows that parental substance abuse is a risk factor for lengthy foster care stay, little is known about the effect of specific types of substance use on permanency. This study sought to compare the impact of parental methamphetamine use to alcohol use, other drug use, and polysubstance use on the timing of 3 types of permanency: reunification, guardianship, and adoption. Using an entry cohort of 16,620 children who had entered foster care during a 5-year period, competing risks event history models were conducted for each permanency type. Findings showed that, after controlling for several case characteristics, parent illicit drug use significantly impacted the timing of the 3 types of permanency, but alcohol use did not. Methamphetamine, other drug, and polysubstance with methamphetamine use were associated with lower rates of reunification and higher rates of adoption. Guardianship was also predicted by other drug and polysubstance use without methamphetamine; however, methamphetamine use was not associated with guardianship. Notably, the methamphetamine groups comprised the youngest children and had the shortest median time to adoption. Results suggest that type of parental substance use is predictive of permanency exits and that parental illicit drug use may require tailored strategies for improving permanency outcomes. Further implications of the findings are discussed.

Alemi, F., Haack, M., & Nemes, S. (2004). Statistical definition of relapse: Case of family drug court. *Addictive Behaviors*, 29(4), 685-698. doi:10.1016/j.addbeh.2004.02.027

At any point in time, a patient's return to drug use can be seen either as a temporary event or as a return to persistent use. There is no formal standard for distinguishing persistent drug use from an occasional relapse. This lack of standardization persists although the consequences of either interpretation can be life altering. In a drug court or regulatory situation, for example, misinterpreting relapse as return to drug use could lead to incarceration, loss of child custody, or loss of employment. A clinician who mistakes a client's relapse for persistent drug use may fail to adjust treatment intensity to client's needs. An empirical and standardized method for distinguishing relapse from persistent drug use is needed. This paper provides a tool for clinicians and judges to distinguish relapse from persistent use based on statistical analyses of patterns of client's drug use. To accomplish this, a control chart is created for time-in-between relapses. This paper shows how a statistical limit can be calculated by examining either the client's history or other clients in the same program. If client's time-in-between relapse exceeds the statistical limit, then the client has returned to persistent use. Otherwise, the drug use is temporary. To illustrate the method, it is applied to data from three family drug courts. The approach allows the estimation of control limits based on the client's as well as the court's historical patterns. The approach also allows comparison of courts based on recovery rates.

Angelotta, C., Weiss, C. J., Angelotta, J. W., & Friedman, R. A. (2016). A moral or medical problem? The relationship between legal penalties and treatment practices for opioid use disorders in pregnant women. *Women's Health Issues*, 26(6), 595-601. <http://dx.doi.org/10.1016/j.whi.2016.09.002>

The relationship between use of medication-assisted treatment (MAT) in pregnant women with opioid use disorders, the standard of care, and state laws that permit child abuse charges for illicit drug use during pregnancy has not been described. Using publicly available data on substance abuse treatment in the United States, we describe patterns in the use of MAT for pregnant women

with opioid use disorders in states with prenatal child abuse laws compared with states without such laws. A binary logistic regression analysis was conducted to predict the presence or absence of MAT in the treatment plan of pregnant women using the following independent variables: state prenatal child abuse law, referral source, geographical region, and Medicaid coverage of methadone. In 2012, there were 8,292 treatment episodes of pregnant women with a primary opioid use disorder in the United States for which data on MAT use were available. Among states with laws that permit child abuse charges for illicit drug use in pregnancy (18 states), MAT was used in 33.15% of treatment admissions compared with 51.33% of admissions in states without a law. The following levels of the independent variables have a greater effect on the lack of use of MAT in descending order of importance: criminal justice referral, other community referral, Southern region, Medicaid coverage, drug abuse care provider referral, unknown referral, other health care provider referral, and presence of state law that permits child abuse charges. Referral source, geographic region, Medicaid funding, and prenatal child abuse laws were associated with significantly lower rates of use of MAT.

Belcher, H. M. E., Butz, A. M., Wallace, P., Hoon, A. H., Reinhardt, E., Reeves, S. A., & Pulsifer, M. B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children, 18*(1), 2-15. Retrieved from https://depts.washington.edu/isei/iyc/belcher_18_1.pdf

Intrauterine illicit drug exposure may lead to a variety of adverse neurobehavioral and neurodevelopmental outcomes. Providing early intervention to reduce the impact of maternal substance abuse on the developing fetus may have significant benefits for the child and family. In this article, we report on 3 promising intervention programs designed to improve the well-being of parents with drug dependence and their children. The initiation of these programs spans from pregnancy through early childhood. All 3 programs are community-based, using comprehensive culturally relevant developmental models. The first program was developed to provide comprehensive care for pregnant women with drug dependence and their newborns. Project STRIVE (Support, Trust, Rehabilitation, Initiative, Values, and Education) provided substance abuse treatment, intensive center- and home-based social work, and parent education onsite at a high-risk obstetric and pediatric clinic. The second program, the Early Infant Transition Center, enrolled newborns with a history of neonatal abstinence syndrome and their mothers. Based in a renovated row house in East Baltimore, one block away from a major urban hospital, the Early Infant Transition Center provided 24-hour nursing care, on call physicians and nurse practitioners, social workers, parent education, and onsite sleeping accommodation for parents during their infant's recovery. The third program, Home-U-Go Safely, used community-based nurses to give home-based health monitoring, education, and support to new mothers with a history of cocaine and/or opiate dependence.

Ben-David, V. (2016). Substance-abusing parents and their children in termination of parental rights cases in Israel. *Children and Youth Services Review, 66*, 94-100. <http://dx.doi.org/10.1016/j.childyouth.2016.05.001>

Parental substance abuse significantly increases the risk of child maltreatment and loss of custody. If parental capacity due to substance abuse cannot be rehabilitated within a limited time period and if the child cannot be safely returned to his/her home, the state, in various jurisdictions, is empowered to initiate termination of parental rights proceedings. Despite the connection between substance abuse and termination of parental rights, the research literature in this area is limited. Based on a sample of 212 rulings in favor of termination of parental rights by Israeli courts, the present study examines factors that differentiate substance-abusing from non-substance-abusing parents. The findings indicate that substance-abusing parents constitute a unique high-risk group among parents whose parental rights were terminated. This group is characterized by a higher cumulative risk that includes mental health issues with an emphasis on

personality disorders and emotional problems, criminal records, child neglect and maternal single parenthood. All these factors, as well as the overall number of risk factors in a particular case, were found to predict substance-abusing parenthood. A discussion of the findings and their implications for social work practice with families involved in the child welfare system follows.

Berger, L. M. (2002). Estimating the benefits and costs of a universal substance abuse screening and treatment referral policy for pregnant women. *Journal of Social Service Research, 29*(1), 57-84. http://dx.doi.org/10.1300/J079v29n01_03

Prenatal substance exposure poses a significant public health problem in terms of both its economic costs to society and the health and development of those children affected. While substance abusing pregnant women and their children could benefit from early identification and appropriate interventions, drug testing of infants is controversial, and there is currently no national policy regarding the drug testing of infants, nor substance abuse screening for pregnant women. This paper provides a cost-benefit analysis of a universal substance abuse screening and treatment referral policy for pregnant women. Results suggest that the monetary benefits of such a policy will only outweigh its costs if it does little to increase post-birth child protective services reporting and/or foster care placement rates. Thus, additional policies regarding the ways in which screening results are utilized may be important factors in determining the effects of a universal substance abuse screening policy for pregnant women.

Berlin, L. J., Shanahan, M., & Carmody, K. A. (2014). Promoting supportive parenting in new mothers with substance-use problems: A pilot randomized trial of residential treatment plus an attachment-based parenting program. *Infant Mental Health Journal, 35*(1), 81-85. doi: 10.1002/imhj.21427

This pilot randomized trial tested the feasibility and efficacy of supplementing residential substance-abuse treatment for new mothers with a brief, yet rigorous, attachment-based parenting program. Twenty-one predominantly (86%) White mothers and their infants living together in residential substance-abuse treatment were randomly assigned to the program (n = 11) or control (n = 10) group. Program mothers received 10 home-based sessions of Dozier's Attachment and Biobehavioral Catch-up (ABC) intervention. Post intervention observations revealed more supportive parenting behaviors among the randomly assigned ABC mothers.

Blakey, J. M. (2014). We're all in this together: Moving toward an interdisciplinary model of practice between child protection and substance abuse treatment professionals. *Journal of Public Child Welfare, 8*(5), 491-513. <http://dx.doi.org/10.1080/15548732.2014.948583>

Many studies have documented the deleterious effect of substance abuse on the child protection system. The lack of collaboration between child protection and substance abuse treatment professionals has been identified as a contributing factor related to poor outcomes among parents with histories of addiction. The purpose of this study was to identify key components and conflicts of interdisciplinary practice between 21 child protection and substance abuse treatment professionals. The interdisciplinary components and conflicts were: having a shared vision, presenting as a unified team, having different goals, taking sides, and limited information sharing and involvement. Moving toward an interdisciplinary model of practice is vital to providing families with histories of addiction with the optimal chance for success.

Bohannon, T., Gonzalez, C., & Summers, A. (2016). Assessing the relationship between a peer-mentoring program and case outcomes in dependency court. *Journal of Public Child Welfare, 10*(2), 176-196. <http://dx.doi.org/10.1080/15548732.2016.1155523>

Building successful family-centered programs to support families whose children have been removed can be especially challenging to child welfare agencies. Peer-mentoring programs match families new to the dependency system with a mentor who has successfully reunified with their

children. The current study examines the relationship between a peer-mentoring program, Parent for Parent (P4P), engagement levels of parents, and case outcomes for these families. Findings revealed that participants in the peer-mentoring program experienced increased engagement levels and improved outcomes for their cases. Specifically, mothers and fathers who participated in P4P increased their compliance with case plans and visitation, as well as increased presence at court hearings. Reunification rates increased for all families who participated in the peer-mentoring program, compared to those who did not. Few associations were found between racial and ethnic groups and program participation. The implications of these findings and suggestions for future research are discussed.

Brook, J., Akin, B. A., Lloyd, M. H., & Yan, Y. (2015). Family drug court, targeted parent training and family reunification: Did this enhanced service strategy make a difference? *Juvenile & Family Court Journal*, 66(2), 35-52. (Treatment and child welfare outcomes)

This article reports findings from an evaluation of reunification outcomes for children and families who participated in a family drug court (FDC) that incorporated the use of two innovative evidence-based parenting programs. In addition to comprehensive FDC services, families participated in the Strengthening Families Program and Celebrating Families!TM programs in a sequential format. Data analyses were conducted on a sample of 214 children whose child welfare cases were adjudicated through the FDC and 418 matched comparison cases. Entry-cohort survival analysis results indicated that families receiving FDC services were more than twice as likely to reunify in a 45 month observation window.

Brook, J., & McDonald, T. (2009). The impact of parental substance abuse on the stability of family reunifications from foster care. *Children and Youth Services Review*, 31(2), 193-198.

<http://dx.doi.org/10.1016/j.chilyouth.2008.07.010>

Alcohol and other drug (AOD) abuse by caretakers is frequently cited as a precipitating reason for the entry of children into foster care, however, little research has been done to examine the impact of alcohol and other drugs on the stability of family reunification. This study examined the likelihood of reentry into foster care following reunification for children whose primary caretakers were stratified into groups based on the type of substance abuse cited as a primary reason for the initial removal: those with alcohol only involvement, those with drug only involvement, those with both alcohol and other drug involvement, and those with no alcohol or drug involvement. Event history analysis showed that children whose reasons for initial placement in foster included caretakers with both alcohol and drug involvement were much more likely to reenter care following reunification than any of the other three groups. However, drug or alcohol involvement as the initial reason for removal was also associated with higher risk of reentry.

Brook, J., McDonald, T. P., Gregoire, T., Press, A., & Hindman, B. (2010). Parental substance abuse and family reunification. *Journal of Social Work Practice in the Addictions*, 10(4), 393-412.

<http://dx.doi.org/10.1080/1533256X.2010.521078>

This study examines the reunification outcomes of 4 groups of children placed in foster care in Oklahoma: those referred due to parental alcohol-only abuse, those due to parental drug-only abuse, those with both alcohol and drug involvement, and those with neither alcohol nor drug involvement. Following bivariate analysis to examine group differences, survival analysis was utilized to predict reunification rates. Overall, differences in time to reunification among the 4 groups were significant. The neither alcohol nor other drug group was significantly different from the other 3 groups, but the alcohol-only group was different from the groups that included any drug involvement.

Brook, J., McDonald, T. P., & Yan, Y. (2012). An analysis of the impact of the Strengthening Families Program on family reunification in child welfare. *Children and Youth Services Review*, 34(4), 691-695. <http://dx.doi.org/10.1016/j.childyouth.2011.12.018>

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.

Bryan, B., & Havens, J. (2008). Key linkages between child welfare and substance abuse treatment: Social functioning improvements and client satisfaction in a family drug treatment court. *Family Court Review*, 46(1), 151-162. doi: 10.1111/j.1744-1617.2007.00189.x

This article summarizes early findings regarding social functioning and client satisfaction from a longitudinal study of women receiving treatment in a family drug treatment court located in the Midwestern United States. Drug treatment court participants were interviewed at program entry and when they had completed 6 months of treatment. Family drug court participants reported significant improvements in employment status and increases in earned income after 6 months of treatment. Respondents also reported improved social functioning and high overall levels of satisfaction with treatment. Findings and implications for future research include the need for more research FDTCs, larger treatment samples, comparison groups, and agency cooperation are also needed.

Calhoun, S., Conner, E., Miller, M., & Messina, N. (2015). Improving the outcomes of children affected by parental substance abuse: A review of randomized controlled trials. *Substance Abuse and Rehabilitation*, 6, 15-24. doi: 10.2147/SAR.S46439

Substance abuse is a major public health concern that impacts not just the user but also the user's family. The effect that parental substance abuse has on children has been given substantial attention over the years. Findings from the literature suggest that children of substance-abusing parents have a high risk of developing physical and mental health and behavioral problems. A number of intervention programs have been developed for parents who have a substance abuse problem. There have also been a number of interventions that have been developed for children who have at least one parent with a substance abuse problem. However, it remains unclear how we can best mitigate the negative effects that parental substance abuse has on children due to the scarcity of evaluations that utilize rigorous methodologies such as experimental designs. The purpose of this study is to review randomized controlled trials of intervention programs targeting parents with substance abuse problems and/or children with at least one parent with a substance abuse problem in order to identify programs that show some promise in improving the behavioral and mental health outcomes of children affected by parental substance abuse. Four randomized controlled trials that met our eligibility criteria were identified using major literature search engines. The findings from this review suggest that interventions that focus on improving parenting practices and family functioning may be effective in reducing problems in children affected by parental substance abuse. However, further research utilizing rigorous methodologies are needed in order to identify other successful interventions that can improve the outcomes of these children long after the intervention has ended.

Chang, H. N., & Romero, M. (2008). *Present, engaged and accounted for: The critical importance of addressing chronic absence in the early grades*. New York, NY: National Center for Children in

Poverty. Retrieved from <http://www.aecf.org/m/resourcedoc/NCCP-PresentEngagedandAccountedFor-2008.pdf>

At the core of school improvement and education reform is an assumption so widely understood that it is rarely invoked: students have to be present and engaged in order to learn. That is why the discovery that thousands of our youngest students are academically at-risk because of extended absences when they first embark upon their school careers is as remarkable as it is consequential. Schools and communities have a choice: we can work together early on to ensure families get their children to class consistently or we can pay later for failing to intervene before problems are more difficult and costly to ameliorate.

Carlson, B. E. (2006). Best practices in the treatment of substance-abusing women in the child welfare system. *Journal of Social Work Practice in the Addictions*, 6(3), 97-115.

http://dx.doi.org/10.1300/J160v06n03_08

This paper reviews the literature on women's chemical dependency and its effects on their children. Many risk factors (e.g., a history of traumatic exposure) and consequences (interference with parenting) of substance abuse are unique for women, giving rise to special treatment needs of substance-abusing women with children. Substance-abusing mothers also experience unique barriers to receiving the services they need to recover, such as absence of child care and lack of gender-specific treatment in their communities. Model programs are described and recommendations are offered for best treatment practices for women with chemical dependency who present in the child welfare system.

Chappell, E., Mathes, K., Reiserer, R., Wohltjen, H., Shuran, W., & McInerney, E. (2015). Effects of intensive family preservation services in rural Tennessee on parental hopefulness with families affected by substance use. *Child Welfare*, 94(5), 187-200.

This article describes how Building Strong Families in Rural Tennessee (BS-FinRT) increased hopefulness and helped to promote the policy goal of developing a recovery focus among families with vulnerabilities. These outcomes were achieved by implementing collaborative strategies for addressing issues of child safety, substance use, and family stability. Early analyses of the program's outcomes indicated an unexpected positive influence on parent and child hopefulness. Further analyses found that changes in hope between baseline and discharge correlated positively with changes over the same time period in problem severity, general functioning, and mental health symptomatology.

Chartier, K. G., Negroni, L. K., & Hesselbrock, M. N. (2010). Strengthening family practices for latino families. *Journal of Ethnic & Cultural Diversity in Social Work*, 19(1), 1-17.

<http://dx.doi.org/10.1080/15313200903531982>

This study examined the effectiveness of a culturally adapted Strengthening Families Program (SFP) for Latinos to reduce risks for alcohol and drug use in children. Latino families, predominantly Puerto Rican, with a 9- to 12-year-old child and a parent(s) with a substance abuse problem participated in the study. Pre- and post-tests were conducted with each family. Parental stress, parent-child dysfunctional relations, and child behavior problems were reduced in the families receiving the intervention; family hardiness and family attachment were improved. Findings contribute to the validation of the SFP with Latinos, and can be used to inform social work practice with Puerto Rican families.

Chasnoff, I. J., Telford, E., Wells, A. M., & King, L. (2015). Mental health disorders among children within child welfare who have prenatal substance exposure: Rural vs. urban populations. *Child Welfare*, 94(4), 53-70.

This study analyzed differences in mental health diagnoses among Illinois child welfare-involved youth who have had prenatal substance exposure. Results indicate that youth from the rural area

had a significantly higher rate of co-occurring mental health disorders. A multiple regression analysis revealed five significant predictors: living in a rural area, a history of neglect, having Fetal Alcohol Syndrome or an alcohol-related neurodevelopmental disorder, and age. These results have implications for adapting existing treatment models.

Choi, S. (2015). Improving service utilization for parents with substance abuse problems: Experimenting with recovery coaches in child welfare. *Journal of Evidence-Informed Social Work, 12*(6), 547-555. <http://dx.doi.org/10.1080/15433714.2013.858090>

Substance abusers often face substantial systematic and personal barriers to receiving required substance abuse treatment services as well as other services; hence, various linkage mechanisms have been proposed for drug abuse treatment programs to overcome such barriers. Although there is a growing interest in the use of case management with a substance abuse background, its effectiveness in child welfare has yet to be explored. In this study the author attempts to investigate the effectiveness of case management in service utilization by systematically evaluating the five-year Alcohol and Other Drug Abuse (AODA) waiver demonstration project with Recovery Coaches in Illinois. A classic experimental design with a control group was used. Random assignment occurs at the agency level. Parents in the experimental group (N = 1562) received recovery coaches in addition to traditional child welfare services while parents in the control group (N = 598) only received traditional child welfare services. Bivariate and multivariate analyses (Ordinary Least Square regressions) were used. Compared to parents in the control group, parents in the experimental group were more likely to utilize substance abuse treatment. The results suggest that gender, education level, employment status, and the number of service needs were significantly associated with service utilization. Controlling other factors, recovery coaches improved overall service utilization. Because the outcome of child welfare often depends on the improvement of risks or resolution, it is important for parents to utilize the needed services. Future studies need to address what aspects of recovery coaches facilitate the services utilization.

Choi, S., Huang, H., & Ryan, J. P. (2012). Substance abuse treatment completion in child welfare: Does substance abuse treatment completion matter in the decision to reunify families? *Children and Youth Services Review, 34*(9), 1639-1645. <http://dx.doi.org/10.1016/j.childyouth.2012.04.022>

The question of why and under what circumstances family reunification takes place in the context of the child welfare system is complex and the presence of substance abuse only further complicates the picture. Past studies have explored a multitude of factors that are associated with family reunification among caregivers and children engaged with the child welfare system. Yet there is limited understanding of how families with substance abuse problems experience family reunification. This study attempts to fill this gap by investigating to what extent treatment completion is related to the likelihood of family reunification, using a sample of 858 mothers with substance abuse problems and their 1548 children in public child welfare. We utilized descriptive analysis and hierarchical nonlinear models (HNLM) to understand the effects of treatment completion on reunification. This current study provided important empirical evidence for the link between family reunification and treatment completion. Based on these findings, improvements in the way that treatment services are provided to mothers in child welfare are discussed.

Choi, S., & Ryan, J. P. (2006). Completing substance abuse treatment in child welfare: The role of co-occurring problems and primary drug of choice. *Child Maltreatment, 11*(4), 313–325. doi: 10.1177/1077559506292607

A significant number of substance-abusing parents in the child welfare system do not complete substance abuse treatments. Consequently, their children experience longer stays in substitute care settings, and the risk of the termination of parental rights is increased. This study identifies

and determines the specific factors that explain the completion of substance abuse treatment for substance-abusing caregivers in child welfare. The sample includes 871 caregivers enrolled in the Illinois Alcohol and Other Drug Abuse waiver demonstration. Approximately 22% of these caregivers successfully completed all required levels of substance abuse treatment. The multivariate models indicate that age, employment status, and legal involvement were significantly associated with the likelihood of completing substance abuse treatment. Heroin users were significantly less likely to complete treatment as compared with alcohol, cocaine, and marijuana users. The findings are discussed in terms of policy and practice implications for public child welfare systems.

Choi, S., & Ryan, J. P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review, 29*(11), 1395-1410. <http://dx.doi.org/10.1016/j.childyouth.2007.05.013>

Substance abusing families often experience multiple problems simultaneously. Prior substance abuse research suggests that attention to these co-occurring problems is essential to achieving desirable outcomes. Yet no prior study attempts to determine whether tailoring services to meet clients' co-occurring problems improve key child welfare outcomes such as family reunification. This study addresses this gap by investigating the relationship between matching mothers' needs to service and family reunification for substance abusing families in public child welfare using the Illinois Alcohol and Other Drug Abuse (AODA) waiver demonstration project. The sample consists of a total of 354 substance abusing mothers and their 602 children enrolled in the Illinois AODA waiver demonstration. Hierarchical non-linear modeling is used to understand the role of both child level and family level characteristics. Matched services in mental health, housing, family counseling and substance abuse treatment significantly improved the likelihood of family reunification. The analyses also reveal that child welfare systems continue to struggle with low rates of service utilization and low rates of family reunification. Thus, it remains important for researchers, practitioners and policy makers to continue identifying the barriers to the provision of matched services, and to develop strategies for improving the provision of matched services.

Chuang, E., Moore, K., Barrett, B., & Young, M. S. (2012). Effect of an integrated family dependency treatment court on child welfare reunification, time to permanency and re-entry rates. *Children and Youth Services Review, 34*(9), 1896-1902. <http://dx.doi.org/10.1016/j.childyouth.2012.06.001>

Family dependency treatment courts (FDTC) have recently emerged as an innovative model for addressing the needs of families involved with the child welfare system and affected by substance use disorders. The current study examined the effect of participation in an integrated FDTC on family reunification, time to permanency, and re-entry into care. Propensity score methods were used to match a group of 95 FDTC participants to non-FDTC participants from a demographically and geographically similar comparison county. Findings indicated that FDTC participation increased families' likelihood of reunification and decreased the odds that children would re-enter care within 12 months of achieving permanency. However, FDTC participation also significantly increased time to permanency. Implications of these findings for research, policy, and practice are discussed.

Chuang, E., Wells, R., Belletiere, J., & Cross, T. P. (2013). Identifying the substance abuse treatment needs of caregivers involved with child welfare. *Journal of Substance Abuse Treatment, 45*(1), 118-125. <http://dx.doi.org/10.1016/j.jsat.2013.01.007>

Parental substance use significantly increases risk of child maltreatment, but is often under-identified by child protective services. This study examined how agency use of standardized substance use assessments and child welfare investigative caseworker education, experience, and caseload affected caseworkers' identification of parental substance abuse treatment needs. Data

are from a national probability sample of permanent, primary caregivers involved with child protective services whose children initially remained at home and whose confidential responses on two validated instruments indicated harmful substance use or dependence. Investigative caseworkers reported use of a formal assessment in over two thirds of cases in which substance use was accurately identified. However, weighted logistic regression indicated that agency provision of standardized assessment instruments was not associated with caseworker identification of caregiver needs. Caseworkers were also less likely to identify substance abuse when their caseloads were high and when caregivers were fathers. Implications for agency practice are discussed.

Clark, H. W. (2001). Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications. *Child Welfare, 80*(2), 179-198.

In FY 1993 and FY 1995, the federal government awarded 27 five-year grants that supported 35 residential treatment projects for substance-abusing pregnant and postpartum women and their children. These projects provided comprehensive culturally and gender-specific treatment. Preliminary aggregated data collected in a national cross-site evaluation of 24 of these projects are encouraging with respect to infant mortality and morbidity, treatment retention and completion rates, and behavioral changes in the participating mothers at six months post discharge. Local evaluations reflect other benefits of treatment. Cost data are expected to demonstrate the efficiencies and benefits of these projects compared to no treatment.

Clausen, J. M., Aguilar, R. M., & Ludwig, M. E. (2012). Fostering healthy attachment between substance dependent parents and their infant children. *Journal of Infant, Child, and Adolescent Psychotherapy, 11*(4), 376-386. <http://dx.doi.org/10.1080/15289168.2012.735183>

Infants of parents with substance abuse problems enter foster care at a higher rate than infants of non-abusing parents and are at a higher risk for attachment problems and child maltreatment. The current study evaluates the impact of a 10-week infant massage intervention designed to increase attachment between parents in a drug rehabilitation facility and their infants. The program focuses on parental awareness of infant's internal states, the development of skills for self-regulation of affect, the calming of their child, and the development of a capacity for sustained positive parent-child interaction so that parents can become more available in the psychological space and time they spend with their infant children. Parent participants, interviewed before and after the intervention, completed a demographic and program evaluation survey, as well as standardized measures of parent knowledge of child development, parenting stress, and depression. Results indicate trends towards decreased parental stress, increased knowledge of good parenting practices, better relatedness between parent and infant, and improved parenting self-efficacy, suggesting that attachment interventions with substance dependent parents may have substantial benefits for the parent-child relationship as well as the mental health functioning of parent and child.

Coakley, T. M., Kelley, A., & Bartlett, R. (2014). Exploring child welfare workers' attitudes and practice with fathers. *Journal of Family Strengths, 14*(1). Retrieved from <http://digitalcommons.library.tmc.edu/jfs/vol14/iss1/11/>

This cross-sectional study explored child welfare agency workers' attitudes and practice regarding working with fathers whose children are at-risk for abuse and neglect. Agency workers completed a questionnaire about their attitudes towards working with fathers, their knowledge of barriers to fathers' engagement, and their experiences with their own fathers. They also completed open-ended items about services and supports they felt would be most helpful to fathers. A content analysis of the data revealed critical themes for four areas that workers felt could be enhanced to effectively engage fathers: (a) use diligent efforts that ensure fathers are present to contribute, (b) provide equitable services, supports, and policies for fathers, (c) address father-specific needs,

and (d) promote a positive worker-father relationship. The findings provide insight into ways that social workers can maximize fathers' strengths and reduce their challenges.

Conners, N. A., Bradley, R. H., Mansell, L. W., Liu, J. Y., Roberts, T. J., Burgdorf, K., & Herrell, J. M. (2004). Children of mothers with serious substance abuse problems: An accumulation of risks. *American Journal of Drug and Alcohol Abuse*, 30(1), 85-100. <http://dx.doi.org/10.1081/ADA-120029867>

This study examines the life circumstances and experiences of 4084 children affected by maternal addiction to alcohol or other drugs. The paper will address the characteristics of their caregivers, the multiple risk factors faced by these children, their health and development, and their school performance. Data were collected from mothers at intake into 50 publicly funded residential substance abuse treatment programs for pregnant and parenting women. Findings from this study suggest that children whose mothers abuse alcohol or other drugs confront a high level of risk and are at increased vulnerability for physical, academic, and social-emotional problems. Children affected by maternal addiction are in need of long-term supportive services.

Dakof, G. A., Quille, T. J., Tejada, M. J., Alberga, L. R., Bandstra, E., & Szapocznick, J. (2003). Enrolling and retaining mothers of substance-exposed infants in drug abuse treatment. *Journal of Consulting and Clinical Psychology*, 71(4), 764-772. <http://dx.doi.org/10.1037/0022-006X.71.4.764>

This study provided an experimental test of a drug abuse treatment enrollment and retention intervention in a sample of 103 Black mothers of substance-exposed infants. Significantly more women assigned to the Engaging Moms Program enrolled into drug abuse treatment than did women assigned to the control condition (88% vs. 46%). Sixty-seven percent of participants in the Engaging Moms Program received at least 4 weeks of drug abuse treatment compared with 38% of the control women. However, there were no differences between the groups 90 days following treatment entry. Logistic regressions revealed that readiness for treatment predicted both short-term and long-term treatment retention. The Engaging Moms Program has considerable promise in facilitating treatment entry and short-term retention, but it did not influence long-term retention.

Dalziel, K., Dawe, S., Harnett, P. H., & Segal, L. (2015). Cost-effectiveness analysis of the parents under pressure programme for methadone-maintained parents. *Child Abuse Review*, 24(5), 317-331.

Children living in families with parental substance abuse are at high risk of child maltreatment and associated adverse outcomes. A trial of methadone-maintained parents randomized to the Parents under Pressure (PuP) parenting programme reported significant improvements in family functioning relative to standard care or a brief intervention, as indicated by a reduction in scores on the Child Abuse Potential Inventory. We sought to determine the cost-effectiveness of the PuP programme to inform policy and programme implementation. The cost per expected case of child maltreatment prevented was calculated and compared with the estimated lifetime costs of maltreatment and sensitivity analyses were conducted. Compared to usual care, the PuP programme costs an additional AU\$8777 (£4880) per family to deliver. Assuming the most conservative estimate of one in five cases of maltreatment prevented, a cost-effectiveness estimate of AU\$43 975 (£24 451) per case of potential maltreatment prevented for the PuP group was obtained. This is significantly less than the estimated mean lifetime cost of a case of child maltreatment of AU\$200 000 (2013 present value) (£110 000). For 100 families in this population treated with PuP, there would be a net present value saving of an estimated AU\$3.1 million (£1.7 million).

Dennis, M. L., Clark, H. W., & Huang, L. N. (2014). The need and opportunity to expand substance use disorder treatment in school-based settings. *Advances in School Mental Health Promotion*, 7(2), 75-87. <http://dx.doi.org/10.1080/1754730X.2014.888221>

In this paper, we explore the unmet need for substance use disorder (SUD) treatment among youth, its consequences, and the opportunity to address this gap due to the expansion of behavioral health services to school-based settings under the Parity and Affordable Care Acts. We discuss the importance of using evidence-based approaches to assessment and treatment to ensure effectiveness and cost-effectiveness and show how the severity of SUD is related to a wide range of school, substance, mental, health, and health care utilization problems. Next, we introduce the other three articles in the special issue that further demonstrate the feasibility and impact of using these evidence-based practices in school-based settings, the challenges of identifying and interviewing with youth, and the need for a full continuum of interventions. In each of these areas we try to draw out the policy implication of these trends and papers.

Doab, A., Fowler, C., & Dawson, A. (2015). Factors that influence mother–child reunification for mothers with a history of substance use: A systematic review of the evidence to inform policy and practice in Australia. *International Journal of Drug Policy*, 26(9), 820-831.

An estimated 60–70% of Australian children in out of home care have a parent with a substance use disorder (SUD). The assessment of a parent's history and needs and the design of supportive interventions, particularly for mothers who are often the primary caregivers of children, are important considerations in deciding whether or not family reunification is desirable and possible. It is not clear from the research how the needs of families can be best met. There are no systematic reviews that provide evidence to inform the development of preventative and remedial interventions and related policy options. We undertook a systematic review to examine maternal characteristics and program features that facilitate or pose a barrier to mother–child reunification in contexts where mothers have a SUD. A structured search of nine databases was undertaken to identify peer reviewed literature in English between 2004 and 2014 and examine factors that influenced mother–child reunification in mothers with SUD. We employed a narrative synthesis design to analyze the findings sections of all papers as the methods of the various studies did not permit the pooling of data. A total of 11 studies were included in this review. Findings show that factors such as timeliness of treatment entry, treatment completion and the receipt of matched services, and programs that provided a greater level of integrated care are positively related to reunification. The presence of a mental health disorder, use of opiates and having a greater number of children were barriers to reunification. Women with SUD who have a child in out of home care appear to have multiple unmet needs. Accessible, stigma free and comprehensive integrated care services, as well as greater access to primary health care that address social and medical issues must be considered to improve the physical and psycho-social outcomes of these women and their children.

Drabble, L. (2011). Advancing collaborative practice between substance abuse treatment and child welfare fields: What helps and hinders the process? *Administration in Social Work*, 35(1), 88-106.

This study explores factors that facilitate and impede the process of developing successful collaboration between child welfare, substance abuse treatment, and dependency courts based on in-depth qualitative interviews with professionals (N = 49) from five California counties. Findings describe specific preconditions, organizational changes, and operational factors in the development of successful collaboration. Study participants also described factors that hindered collaborative practice, such as problems in cross-systems communication and fragmentation of services, as well as strategies that were employed to address or minimize these problems. Findings underscore the value of “lessons learned” from communities that have established successful collaborative programs, policies, and practices.

Einbinder, S. D. (2010). A qualitative study of exodus graduates: Family-focused residential substance abuse treatment as an option for mothers to retain or regain custody and sobriety in los angeles, california. *Child Welfare*, 89(4), 29-45.

In this article, 21 long-term, poly-substance abusing mothers describe how they successfully completed an 18-month family-focused residential substance abuse treatment program in southern California that helped them retain or regain custody of their children. Their stories and experiences with specific program characteristics and approaches of this rare treatment option are described, in their own voices. Policy implications for child welfare and parental substance abuse treatment are examined in light of these success stories.

Eldred, L. M., & Gifford, E. J. (2016). Empirical evidence on legal levers aimed at addressing child maltreatment. *Children and Youth Services Review, 60*, 11-19.

<http://dx.doi.org/10.1016/j.childyouth.2015.11.014>

Law is a powerful tool for combatting public health issues. This article reviews existing empirical research on the effect of eight legal levers on outcomes related to child maltreatment. Laws created with the intent to address child maltreatment are often enacted without empirical basis. Further, following implementation, there is little empirical research on whether such statutes reduce or deter child maltreatment and improve child outcomes. This is in part due to the difficulty in studying the effects of a specific statute on measurable child outcomes.

Falconer, M. K., Lederman, C. S., Pecora, P. J., Thompson, C. K., & DiLorenzo, P. (2012). Family-centered practice in florida: Family court actions and perceptions. *Juvenile and Family Court Journal, 63*(3), 1-19. doi: 10.1111/j.1755-6988.2012.01077.x

Family and dependency courts can become valuable partners in efforts to stem the tide of child maltreatment using a family-centered strategy. Florida's response to a 2008 federal Child and Family Services Review included a commitment to implement family-centered practice in child protection services and the courts that hear these cases. Evidence of this implementation was documented in a formative evaluation conducted in 2010 and 2011. Findings based on interviews with dependency judges, Children's Legal Services attorneys, and Guardian ad Litem volunteers provide useful insights on how these practices were perceived and implemented.

Famularo, R., Kinscherff, R., Bunshaft, D., Spivak, G., & Fenton, T. (1989). Parental compliance to court-ordered treatment interventions in cases of child maltreatment. *Child Abuse & Neglect, 13*(4), 507-514. doi:10.1016/0145-2134(89)90054-9

The authors reviewed 136 court cases representing 218 parents of children maltreated enough to warrant custodial transfer of the child from the parents to the state. The court's psychotherapeutic treatment orders were noted and parental compliance with those orders documented and analyzed. The court issued one or more specific treatment orders to 87.26% of all parents. The most common referrals were those for drug or alcohol treatment (61.9%), individual psychotherapy (60.6%), and family treatment (29.4%). Treatment compliance was significantly lowered in those parents presenting with substance abuse. Compliance was also significantly lower among those parents who sexually and/or physically maltreated their children than among parents who neglected but did not physically or sexually maltreat their children.

Felitti, V. J. (2002). The relation between adverse childhood experiences and adult health: Turning gold into lead. *The Permanente Journal, 6*(1), 44-47. Retrieved from

<https://www.thepermanentejournal.org/files/PDF/Winter2002.pdf#page=46>

The Adverse Childhood Experiences (ACE) Study is a major research study that compares current adult health status to childhood experiences decades earlier. With the cooperation of 17,421 adult Health Plan members and with the ongoing collaboration of Dr. Robert Anda at the Centers for Disease Control and Prevention (CDC), the study is being carried out in the Department of Preventive Medicine at Kaiser Permanente (KP) San Diego—where for many years we conducted detailed biomedical, psychological, and social (biopsychosocial) evaluations of more than 50,000 adult Kaiser Foundation Health Plan members per year.

Forrester, D., Holland, S., Williams, A., & Copello, A. (2014). Helping families where parents misuse drugs or alcohol? A mixed methods comparative evaluation of an intensive family preservation service. *Child & Family Social Work, 21*(1), 65-75. doi: 10.1111/cfs.12111

Option 2 is an intensive family preservation service for families with serious child protection concerns related to parental misuse of drugs or alcohol. A previous evaluation indicated that it reduced the number of children entering care and, as a result, produced cost savings; however, little data were gathered from families. This study involved interviews with 15 families (46 children) who had received the service, and a comparison group of 12 families (28 children) referred but not provided the service due to no workers being available. Outcomes and experiences were compared, on average, 5.6 years following referral. Findings included a significant reduction in children entering care, and improvements in relation to substance misuse, parental well-being and family cohesion. There was no difference in emotional and behavioral welfare of children. Qualitative accounts were very positive about the impact of the service, identifying effective engagement of parents and key elements of good practice in supporting families to change. The findings provide additional support for suggesting that high quality, intensive interventions with families affected by parental substance misuse can be effective. Key lessons for current attempts to deal with the increase in children entering care and the English government's 'troubled families' initiative are considered.

Gifford, E. J., Eldred, L. M., Vernerey, A., & Sloan, F. A. (2014). How does family drug treatment court participation affect child welfare outcomes? *Child Abuse & Neglect, 38*(10), 1659-1670. doi: 10.1016/j.chiabu.2014.03.010

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.

Gardner, S. (2014). *State-level policy advocacy for children affected by parental substance use*. Lake Forest, CA: Children and Family Futures. Retrieved from <https://firstfocus.org/wp-content/uploads/2014/11/State-Level-Policy-Advocacy-for-Children-Affected-by-Parental-Substance-Use.pdf>

This advocacy guide 1) provides compelling data to demonstrate that alcohol and drug use is a key factor in a high percentage of child welfare involved families, 2) outlines eight barriers to taking substance abuse seriously in the child welfare system, 3) summarizes five levers for advocates aiming at going beyond pilot projects to systems change and 4) highlights policy and practice innovations that advocates can promote.

Grant, T., Graham, J. C., Ernst, C. C., Peavy, K. M., & Brown, N. N. (2014). Improving pregnancy outcomes among high-risk mothers who abuse alcohol and drugs: Factors associated with

subsequent exposed births. *Children and Youth Services Review*, 46, 11-18.

<http://dx.doi.org/10.1016/j.chilcyouth.2014.07.014>

Parental alcohol and drug abuse is a factor in approximately 15% of the cases investigated by the child welfare system and in approximately one quarter of cases with substantiated maltreatment. While substance abuse treatment is generally an essential component of child welfare family plans, a relatively low proportion of substance abusing mothers involved in the child welfare system complete treatment, which typically results in placement of their children in substitute care and the beginning of a new generation of adaptive problems. This longitudinal study explores whether loss of an index child due to substance abuse is associated with risk of a subsequent alcohol/drug-exposed birth in a sample of 795 substance-abusing mothers enrolled in the Washington State Parent–Child Assistance Program (PCAP). Results indicate that at program exit, over one-fifth of these women had a subsequent birth (SB) after the birth of their index child. Among these women, over half (i.e., 56.3% or 12.3% of the entire sample) used alcohol and/or drugs during the subsequent pregnancy. Consistent with our main hypothesis, the adjusted odds of having a SB were increased nearly two-fold for women who had the index child removed from their care. Furthermore, among mothers with subsequent births, the adjusted odds of having an exposed SB were increased three-fold if the index child had been removed from the mother's care. We discuss implications of our findings for child welfare policy and practices.

Grant, T., Huggins, J., Graham, J. C., Ernst, C., Whitney, N., & Wilson, D. (2011). Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. *Children and Youth Services Review*, 33(11), 2176-2185.

<http://dx.doi.org/10.1016/j.chilcyouth.2011.07.001>

Women with substance abuse disorders typically have psychosocial characteristics that put them at risk for disrupted parenting. Prior research indicates that comprehensive, accessible services tailored to the mothers' needs can contribute to family stability. This study further explores the complicated interplay of how maternal risk and protective characteristics and service elements are associated with reunification. The study contributes to existing literature by following mothers for three years; examining service needs as identified by the mother herself; using a summary proportion score to reflect the totality of services received to matched service needs identified; and using logistic regression to examine interactions of services received with critical maternal characteristics. The sample is comprised of 458 substance-abusing mothers enrolled during pregnancy or postpartum in the Washington State Parent–Child Assistance Program (PCAP), an evidence-based case management intervention. Participants' custody status was well distributed among four categories based on continuity of parenting. Findings indicate that at program exit 60% of the mothers were caring for their index child. These mothers had more treatment and mental health service needs met, had more time abstinent from alcohol and drugs, secure housing, higher income, and support for staying clean and sober. Among women with multiple psychiatric diagnoses, the odds of regaining custody were increased when they completed substance abuse treatment and also had a supportive partner. Mothers who lost and did not regain custody had more serious psychiatric problems and had fewer service needs met. We discuss implications of our findings for child welfare policy and practices.

Green, B. L., Rockhill, A., & Furrer, C. (2006). Understanding patterns of substance abuse treatment for women involved with child welfare: The influence of the adoption and safe families act (ASFA). *The American Journal of Drug and Alcohol Abuse*, 32(2), 149-176.

<http://dx.doi.org/10.1080/00952990500479282>

The passage of the federal Adoption and Safe Families Act (ASFA), which calls for timely permanency planning for children placed into state foster care systems, has led to increased attention to the need for timely and appropriate treatment services to families with substance abuse issues who are involved with child welfare. Using statewide administrative data collected

before and after the implementation of ASFA, the present study explores the influence of ASFA, as well as other family characteristics, on patterns of treatment service utilization by child-welfare involved clients. Findings suggest that in the period following the ASFA legislation, mothers entered substance abuse treatment significantly more quickly after the start of their child welfare cases, and remained in treatment longer, compared to pre-ASFA. No differences in rates of treatment completion were found. Results are interpreted in terms of the changing treatment service context, enhanced collaboration between child welfare and treatment systems, and the possible influence of the legislation on parents' motivation to enter treatment.

Green, B. L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review, 29*(4), 460-473. <http://dx.doi.org/10.1016/j.childyouth.2006.08.006>

Although substance abuse is one of the primary reasons that parents become involved with the child welfare system, there is surprisingly little empirical research that examines the relationship of substance abuse treatment to child welfare outcomes. In this statewide longitudinal study of 1911 women who had children placed in substitute care, we examined the influence of three key factors in the treatment process on child welfare outcomes. Results indicated that when these women entered treatment more quickly, spent more time in treatment, or completed at least one treatment episode, their children spent fewer days in foster care and were more likely to be reunified with their parents. These findings were significant even controlling for families' levels of risk including treatment and child welfare history, substance abuse frequency and chronicity, and demographic risks. Implications of these findings for improvements in the way that treatment services are provided to women in the child welfare system are discussed.

Gregoire, K. A., & Schultz, D. J. (2001). Substance-abusing child welfare parents: Treatment and child placement outcomes. *Child Welfare, 80*(4), 433-452.

The authors present findings from their study of 167 child welfare parents referred for substance abuse assessments. Relationships between gender, prior treatment, court-ordered intervention, significant others' support, and treatment and placement outcomes are examined. Findings indicate significant others' support positively influences all outcomes while court-ordered intervention is not predictive. Prior treatment is associated with continued substance abuse. Gender differences exist for assessment completion and several client characteristics. Implications for practice are drawn.

Grella, C. E., Needell, B., Shi, Y., & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment, 36*(3), 278-293. <http://dx.doi.org/10.1016/j.jsat.2008.06.010>

The effect of mothers' participation in substance abuse treatment on reunification with their children who are in out-of-home care is an important policy issue. This article examines the predictors of child reunification among mothers who participated in a statewide treatment outcome study. Data were integrated from multiple sources to determine the contributions of characteristics of mothers (n = 1,115), their children (n = 2,299), and treatment programs (n = 43) on reunification outcomes. Hierarchical linear modeling was used to determine the fixed and random effects of mother, child, and program characteristics. Mothers with more employment and psychiatric problems were less likely to be reunified with their children; completion of 90 or more days in treatment approximately doubled their likelihood of reunification. Mothers who were treated in programs providing a "high" level of family-related or education/employment services were approximately twice as likely to reunify with their children as those who were treated in programs with "low" levels of these services.

Hall, M. T., Wilfong, J., Huebner, R. A., Posze, L., & Willauer, T. (2016). Medication-assisted treatment improves child permanency outcomes for opioid-using families in the child welfare system. *Journal of Substance Abuse Treatment, 71*, 63-67.

<http://dx.doi.org/10.1016/j.jsat.2016.09.006>

Parents who use opioids and are involved in the child welfare system are less likely to retain custody of their children than parents who use other drugs. No previous studies have described medication-assisted treatment (MAT) utilization and child permanency outcomes for this population. The Sobriety Treatment and Recovery Team (START) model is a child welfare–based intervention focused on families with co-occurring substance use and child abuse / neglect issues. This study examined the prevalence and correlates of MAT utilization among parents in the START program with a history of opioid use, and compared child outcomes for families who received MAT services to those who did not. Of the 596 individuals with a history of opioid use in the START program, 55 (9.2%) received MAT. Receipt of MAT services did not differ by gender, age, county of residence, or drug use, though individuals who identified as White were more likely to participate in MAT. In a multiple logistic regression model, additional months of MAT increased the odds of parents retaining custody of their children. To address barriers to MAT, results-focused educational interventions may be needed for the child welfare workforce, as well as programs to improve collaboration and decision-making between the child welfare workforce, court personnel, and drug addiction treatment providers.

Hammond, G. C., & McGlone, A. (2013). Residential family treatment for parents with substance use disorders who are involved with child welfare: Two perspectives on program design, collaboration, and sustainability. *Child Welfare, 92*(6), 131-150.

This article discusses the service design, implementation, and evaluation findings of two residential family treatment programs: Wayside House (MN) and On Track (OR). Both programs specialize in family-centered services for adults with substance use disorders (SUD) who are involved with child welfare. Information on program design, services offered, and key collaborations are detailed. Implications for program sustainability are provided.

He, A. S., Traube, D. E., & Young, N. K. (2014). Perceptions of parental substance use disorders in cross-system collaboration among child welfare, alcohol and other drugs, and dependency court organizations. *Child Abuse & Neglect, 38*(5), 939-951. <http://dx.doi.org/10.1016/j.chiabu.2013.10.020>

This article presents the findings of a study which examined child welfare, treatment, and court staffs' perceptions on issues related to parental substance use disorders. The objectives of the study were to a) compare differences and similarities in perceptions and values regarding CW-involved parents with SUDs among staff from CW, AOD and court organizations and b) explore possible explanations for why perceptions are different or similar among the organizations. Findings show that AOD respondents were less likely to believe parents could provide effective parenting, more likely to believe abstinence should be criterion for reunification and more likely to agree that parents should receive jail time as consequence for noncompliance, and more likely to believe that parents could succeed in treatment.

Holsapple, S., & Jensen, M. (2014). A model program for patient navigation: Using the justice system to offer a health care intervention to improve birth outcomes – Understanding constrained choice and drug treatment court. *Journal of Applied Social Science, 8*(1), 41-60. doi: 10.1177/1936724413482902

The purpose of this article is to describe a unique and innovative program that uses an encounter with the justice system to offer a health care plan for a subset of people going through drug court. With the application of social theory to clinical practice, an intervention in the form of patient navigation is developed to meet the needs of these clients. The article offers a description of the program and evaluation tools that may be used for standardization and subsequent replication of

this patient navigation model to improve negative birth outcomes. Constraints on choice may be used to explain the process of health care decision making for this subset of people going through a court-mandated drug program. Considering the effects of constrained choice as documented by Bird and Rieker, a model program was developed providing evidence of an increase in program compliance for drug court clients and a reduction in the negative health outcomes for this group of at-risk people. Patient navigation within the framework of the constrained choice model offers a cost-effective means of improving health care outcomes for vulnerable populations.

Hong, J. S., Ryan, J. P., Hernandez, P. M., & Brown, S. (2014). Termination of parental rights for parents with substance use disorder: For whom and then what? *Social Work in Public Health, 29*(6), 503-517. <http://dx.doi.org/10.1080/19371918.2014.884960>

The purpose of this study is to investigate the correlates of termination of parental rights (TPR) for parents with substance use disorder (SUD) and to determine what happens with regard to permanency once a TPR decision is made. Bivariate techniques and hierarchical nonlinear modeling are used. Parents of older youth, boys, and Hispanics were less likely, whereas parents who failed to make progress in substance use treatment and parenting skills are more likely to experience TPR. At follow up, 85% of the children were adopted, 7% remained in a substitute care settings, and 7% were reunified with their parents. Concerns remain for children without a permanent home setting.

Huang, H., & Ryan, J. P. (2011). Trying to come home: Substance exposed infants, mothers, and family reunification. *Children and Youth Services Review, 33*(2), 322-329. <http://dx.doi.org/10.1016/j.childyouth.2010.09.015>

Substance abusing mothers comprise a significant proportion of caregivers in public child welfare, and achieve low reunification rates. Unfortunately little is known about treatment options intended to facilitate recovery and increase reunification. This study focuses particular attention on the relationship between specific treatment modalities (e.g., residential and outpatient), recovery from substance abuse and family reunification. Analyzing a sample of 160 mothers and their substance exposed infants, the findings clearly identify the benefits of residential treatment in terms of both treatment progress (directly) and family reunification (indirectly), but only when residential services are delivered in combination with transitional services.

Hunter, T. N. (2004). Child welfare and alcohol and other drug treatment (AOD): Bridging the gap to comprehensive services. *Journal of Family Social Work, 7*(4), 63-73. http://dx.doi.org/10.1300/J039v07n04_04

Chemical addiction is a significant factor in child abuse and neglect (U.S. Department of Health and Human Services [DHHS], 1999). Although research has indicated that an alliance between the child welfare and alcohol and other drugs (AOD) treatment fields is the best way to effectively address chemical addiction within families, collaboration has not generally been established. The lack of collaborative relationships between the child welfare and AOD fields can be attributed to a number of different factors. Similarities in proposed interventions for collaborative efforts between AOD treatment and child welfare agencies can be found throughout the literature. The establishment of a truly collaborative partnership between AOD treatment and the child welfare system is a necessary step towards achievement of functional and healthy families, a goal common to both disciplines.

Iachini, A. L., DeHart, D. D., McLeer, J., Hock, R., Browne, T., & Clone, S. (2015). Facilitators and barriers to interagency collaboration in mother–child residential substance abuse treatment programs. *Children and Youth Services Review, 53*, 176-184. <http://dx.doi.org/10.1016/j.childyouth.2015.04.006>

Interagency collaboration is imperative to address the multiple and co-occurring needs of youth and families impacted by substance abuse. Mother–child residential treatment programs represent a unique program model where success often hinges on collaboration between substance abuse agencies and a range of other service providers. Little is known, however, about the facilitators and barriers to implementing these service programs. The purpose of this qualitative study was to uncover these program influences within six mother–child residential treatment programs in one southeastern state and identify whether there were differences in these influences based on the developmental stage of the collaborative. Interviews were conducted with 26 stakeholders from substance abuse agencies and their community partners. Field notes also were captured at each site. All qualitative data were analyzed using open, axial, and selective coding methods. Three overarching themes represented by both facilitators and barriers emerged, including 1) Clarity, Credibility, & Support for the Model (e.g., success stories, stakeholder support), 2) Continuity of Care across Agencies (e.g., interagency communication, disciplinary service silos), and 3) Knowledge and Processes for Collaborative Work (e.g., commitment to client population, need for training, sustainable practices). These influences on interagency collaboration were found to vary based on developmental stage of the collaborative. Implications and recommendations for child and family service practitioners, policymakers, and researchers are discussed relative to maximizing the positive impact of mother–child residential treatment programs for children and families.

Itäpuisto, M. S. (2014). Helping the children of substance-abusing parents in the context of outpatient substance abuse treatment. *Addiction Research & Theory*, 22(6), 498-504.

<http://dx.doi.org/10.3109/16066359.2014.892930>

A significant proportion of clients entering substance-abuse treatment have children who may need help and support. The study examines whether and, if so, how children are seen and noticed and what concrete actions are taken to help children both directly and through supporting the parenting of clients in outpatient substance-abuse treatment. These questions are investigated by means of qualitative analysis of data gathered from 17 professionals in the substance-abuse treatment field in Finland. In most cases, minimal information was collected about children at client entry. It seems to be general practice to ask only whether the client has children and how old they are. Children are seldom met in person in substance-abuse treatment, and they rarely receive direct help. Tools to support parenting are inadequate or totally lacking. The reasons given by the interviewees for the exclusion of children relate to workers' views on the role of substance-abuse treatment. Possible skills and tools to support parenting and children were reported to originate mainly from sources other than training and working in substance-abuse treatment. Practices and tools specially designed to help children in the substance-abuse treatment context along with better understanding of the role of the substance-abuse treatment system in helping these children are needed.

Jääskeläinen, M., Holmila, M., Notkola, I. L., & Raitasalo, K. (2016). Mental disorders and harmful substance use in children of substance abusing parents: A longitudinal register-based study on a complete birth cohort born in 1991. *Drug and Alcohol Review*, 35(6), 728-740. doi: 10.1111/dar.12417

Adverse childhood experiences and their accumulation over childhood have negative outcomes to children, yet earlier findings on the independent effect of parental substance abuse seem inconsistent. Our aims were to examine: (i) whether parental substance abuse is associated with children's mental disorders in mid-childhood (7–12 years) and mental disorders and own substance use in adolescence (13–17 years); and (ii) whether children are affected differently by a mother or father's substance abuse. A register-based longitudinal data on a complete birth cohort of children born in Finland in 1991 (n = 65 117) and their biological parents. The children were followed until their 18th birthday. Data were derived from the Finnish administrative registries.

Bivariate and multivariate logistic regression models were used in the analysis. Maternal, paternal and both parents' substance abuse were significant predictors of mental disorders and harmful substance use in children aged 13–17 years, even after controlling for other adverse childhood experiences, parental education and child's gender. Parental substance abuse predicted mental disorders in children aged 7–12 years in bivariate model but in multivariate model the association disappeared. Maternal substance abuse had stronger effect on harmful substance use in adolescent children than paternal. There were no significant interactions between substance abusing parents' gender and the child's gender. Early identification, prevention and treatment of substance abuse in families with children in primary health care, child welfare and other services are crucial in preventing intergenerational transmission of the problems associated with parental substance abuse.

James, S., Rivera, R., & Shafer, M. S. (2014). Effects of peer recovery coaches on substance abuse treatment engagement among child welfare-involved parents. *Journal of Family Strengths, 14*(1), 1-23. Retrieved from

<http://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1246&context=jfs>

There is a limited, but growing body of research on the effectiveness of peer recovery coaches in promoting treatment engagement, retention, and completion among child welfare-involved parents with substance use disorders. A quasi-experimental design was employed using propensity score matching to examine treatment engagement and treatment completion among child welfare-involved substance abusing parents who were exposed to either peer recovery coach engagement services or professional, non-peer engagement services. Using propensity scoring, the comparison sample of parents that did not have peer recovery coaches was statistically matched on the presence of substance exposed newborns, parental use of methamphetamine, and other predictors of maltreatment recurrence and substance abuse treatment engagement. We examined the effect of peer recovery coaches on outreach, assessment, service initiation, and treatment completion. Participants who were exposed to peer recovery coaches engaged in treatment services at a higher rate and more rapidly despite receiving fewer outreach attempts, relative to participants who received only professional staff outreach services. Those participants who received peer recovery outreach services also demonstrated longer engagement in treatment than their counterparts exposed to professional outreach services only. Interestingly, those participants exposed to professional outreach services demonstrated higher rates of treatment completion, relative to their counterparts exposed to peer recovery coaching. Given that recovery coaches were assigned to clients for only the first 60 days, these findings suggest that peer recovery services may need to be provided for a greater length of time for improved treatment completion rates to be observed.

Jeong, J. J., Pepler, D. J., Motz, M., DeMarchi, G., & Espinet, S. (2015). Readiness for treatment: Does it matter for women with substance use problems who are parenting? *Journal of Social Work Practice in the Addictions, 15*(4), 394-417. <http://dx.doi.org/10.1080/1533256X.2015.1091002>

This study examined changes in outcomes for women in an outpatient, integrated substance use and parenting program in Toronto, Canada, and tested whether their self-reported treatment readiness at intake predicted changes in substance use and parenting outcomes from intake to 12 months after intake. Although there were improvements in both substance use and parenting outcomes, self-reported treatment readiness only predicted changes in parenting attitudes. In response to the unexpected findings, treatment readiness with respect to substance use and parenting-related goals in the integrated programs was discussed. Rather than being a barrier to treatment, women's role as caregivers might be an important factor to treatment participation and outcomes. The importance of having a comprehensive focus in treatment for women with substance use problems who are parenting was also highlighted for future research and treatment implications.

Johnson-Motoyama, M., Brook, J., Yan, Y., & McDonald, T. P. (2013). Cost analysis of the Strengthening Families Program in reducing time to family reunification among substance affected families. *Children and Youth Services Review*, 35(2), 244-252.

<http://dx.doi.org/10.1016/j.childyouth.2012.11.008>

Decision makers typically face uncertainty in determining whether the outcomes of promising child welfare interventions justify the investment. Despite repeated calls for cost analysis in child welfare, original studies that evaluate the costs and effects of child welfare programs have been limited. Moreover, no cost analyses have focused on family reunification programs that address the needs of substance-affected families. The purpose of this study was to evaluate the costs and effects of a federally funded implementation of the Strengthening Families Program (SFP), a 14-week family training curriculum, on time to reunification with a substance-involved child welfare population. Based on event history analysis, we find the typical child participating in SFP spends 190 fewer days in out of home care when compared to a propensity score matched comparison group of children in care receiving treatment as usual. Re-entry rates between the two groups were not significantly different at follow-up. At an average out-of-home care rate of \$86 per child per day in this state, SFP saves approximately \$16,340 per participating child in out-of-home care costs. From a cost-benefit perspective, every \$1 invested in SFP yields an average savings of \$9.83 in this Midwestern demonstration.

Kerwin, M. E., Giorgio, J., Steinman, R., & Rosenwasser, B. (2014). In their own voice: Mothers in drug treatment and their views on parenting, behavioral parent training, and barriers to engagement. *Journal of Social Work Practice in the Addictions*, 14(4), 338-358.

<http://dx.doi.org/10.1080/1533256X.2014.960578>

Behavioral parent training offers mothers in drug treatment a valuable opportunity to improve their parenting skills through real-time, individualized coaching, but these mothers might be reluctant to participate with their child. Participants were 23 mothers or female guardians from 4 drug treatment programs with children 1 to 10 years old. Focus group discussions and questionnaires asked about their perspectives on parenting and their interest in and obstacles to participating in behavioral parent training. Detailed narrative responses and quantitative analyses identified some unique issues in parenting for this population as well as logistical, attitudinal, and emotional barriers to participating in behavioral parent training with their children.

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health*, 28(3-4), 194-205.

<http://dx.doi.org/10.1080/19371918.2013.759005>

The effects of a substance use disorder (SUD) are felt by the whole family. The family context holds information about how SUDs develop, are maintained, and what can positively or negatively influence the treatment of the disorder. Family systems theory and attachment theory are theoretical models that provide a framework for understanding how SUDs affect the family. In addition, understanding the current developmental stage a family is in helps inform assessment of impairment and determination of appropriate interventions. SUDs negatively affect emotional and behavioral patterns from the inception of the family, resulting in poor outcomes for the children and adults with SUDs. Social workers can help address SUDs in multiple ways, which are summarized in this article.

Laslett, A. M., Room, R., Dietze, P., & Ferris, J. (2012). Alcohol's involvement in recurrent child abuse and neglect cases. *Addiction*, 107(10), 1786-1793. doi: 10.1111/j.1360-0443.2012.03917.x

This paper examined whether or not: (a) care-giver 'alcohol abuse' is associated with recurrent child maltreatment; (b) other 'risk factors' affect this relationship; and (c) which of alcohol abuse or other drug abuse plays a stronger role. It also examined (d) how children and families where

alcohol-related child abuse was identified were managed by child protection services (CPS) in Victoria, Australia. Using anonymized data from Victorian CPS, repeat cases were examined involving 29 455 children identified between 2001 and 2005. Caregiver alcohol abuse, other drug abuse, mental ill-health, caregiver experience of abuse as a child, child age and gender, family type, socio-economic variables and level of child protection service intervention as recorded in the CPS electronic database were examined as risk factors for recurrence, using bivariate and multivariate techniques. Almost one-quarter of children in CPS experienced a recurrent incident of child maltreatment in a 5-year period. Where caregiver alcohol abuse was identified children were significantly more likely to experience multiple incidents compared with children where this was not identified ($P < 0.001$), as were children where other family risk factors (including markers of socio-economic disadvantage) were identified. The majority of children whose caregivers were identified with alcohol abuse experienced either repeat incidents or interventions (84%), although almost three-quarters of these children were managed without resort to the most serious outcome, involving court orders. Alcohol and drug abuse in caregivers are important risk-factors for recurrent child maltreatment after accounting for other known risk factors; the increased risk appears to be similar between alcohol and drug abuse.

Lawson, L., Connors, N. A., & Crone, C. (2001). Changing the child abuse potential of substance abusing pregnant and parenting women. *Journal of Addictions Nursing*, 13(3-4), 137-142.

This study was designed to determine if treatment for substance abuse has an impact on child abuse potential. Sixty-three pregnant and parenting substance abusing women were tested using the Child Abuse Potential Inventory (CAP) at approximately 3-month intervals from intake into treatment through post-discharge follow-up. Growth curve analysis revealed an improvement in CAP scores from Time 1 to Time 2, but the improvement was not sustained. When participants were in the initial phases of substance abuse treatment and receiving considerable support, their CAP scores dropped from the elevated range into the normal range. However, as they progressed through and left the program, their CAP scores gradually rose. The results of the study argue for continuing substance abuse treatment until child abuse potential stabilizes to within the normal range.

Lee, E., Esaki, N., & Greene, R. (2009). Collocation: Integrating child welfare and substance abuse services. *Journal of Social Work Practice in the Addictions*, 9(1), 55-70.

<http://dx.doi.org/10.1080/15332560802533612>

This article presents findings from a process evaluation of a pilot program to address parental substance abuse in the child welfare system. By placing substance abuse counselors in a local child welfare office, the collocation program was designed to facilitate early identification, timely referral to treatment, and improved treatment engagement of substance-abusing parents. Frontline child welfare workers in 6 of the 7 pilot sites endorsed the program as they found that the collocated substance abuse counselors provided additional resources and facilitated case processing. Findings suggest that clearly defined procedures and sufficient staffing of qualified substance abuse counselors could lead to better programs.

Levine, G. (2012). *A study of family drug treatment courts in the united states and the united kingdom: Giving parents and children the best chance of reunification*. Victoria, Australia: The Churchill Project. Retrieved from:

<http://jpo.wrlc.org/bitstream/handle/11204/1219/A%20Study%20of%20Family%20Drug%20Treatment%20Courts%20in%20the%20US%20and%20the%20UK%20Giving%20Parents%20and%20Children%20the%20Best%20Chance%20of%20Reunification.pdf?sequence=3>

This report presents the findings of an in-depth study of Family Drug Treatment Courts (FDTCs) in the US and UK. This included a comprehensive program of visits to 6 Family Drug Treatment Courts in the United States (San Jose, California; Stockton, California; Omaha, Nebraska; Miami,

Florida; Washington DC; New York City) and 1 in London (the only court set up outside the United States). The aim was to develop an in-depth understanding of the innovations of Family Drug Treatment Courts and sufficient methodological and operational knowledge to set up a similar court in Australia. The major lesson from this research is that Family Drug Treatment Courts offer a proven structure and set of processes for interrupting the intergenerational harm caused by substance abuse and for giving parents the very best chance to rehabilitate and be reunited with their children. Given the substantial numbers of child protection cases each year in Children's Courts where parental substance abuse is the dominant issue, there is a compelling argument for the establishment of FDTCs in Australia.

Lloyd, M. H. (2015). Family drug courts: Conceptual frameworks, empirical evidence, and implications for social work. *Families in Society: The Journal of Contemporary Social Services*, 96(1), 49-57. <http://dx.doi.org/10.1606/1044-3894.2015.96.7>

Families in the child welfare system who are affected by substance abuse face distinct challenges to achieving reunification. Family drug courts (FDCs), which are child welfare courts based on a therapeutic framework of legal scholarship, arose 2 decades ago as an alternative approach for adjudicating these cases. A comprehensive review of prior empirical research on FDCs is presented to ascertain whether the model is a best practice for this population. The results of this review suggest that children in families that are involved in FDCs spend less time in foster care and are more likely to achieve reunification. This analysis incorporates findings from qualitative literature and undertakes methodological and values-based critiques in order to develop implications for social work research, practice, and policy.

Lloyd, M. H., & Akin, B. A. (2014). The disparate impact of alcohol, methamphetamine, and other drugs on family reunification. *Children and Youth Services Review*, 44, 72-81. <http://dx.doi.org/10.1016/j.childyouth.2014.05.013>

Parental substance abuse is one of the most prominent reasons that children enter foster care. The relative role of substance type in delaying reunification has remained elusive. This study sought to understand the impact of parental use of alcohol, methamphetamine, other drugs, and poly-substances on reunification rates for children in foster care. The authors used administrative foster care data from a Midwestern state between years 2007 and 2012 to evaluate the unique contribution of each substance use domain. Results suggest that parental methamphetamine use has the most significant impact on the likelihood of reunification, followed by other drugs, and poly-substances. These findings further indicate that children removed due to any parental drug use stay in foster care for an average of 49–156 days longer than their peers. Implications for research and practice are addressed.

Marsh, J. C., Ryan, J. P., Choi, S., & Testa, M. F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*, 28(9), 1074-1087. <http://dx.doi.org/10.1016/j.childyouth.2005.10.012>

Child welfare clients with co-occurring problems are recognized as clients who have difficulty achieving positive child welfare outcomes. The current study focuses on families in the child welfare system with co-occurring problems and the impact of such problems on the likelihood of reunification. The current study contributes to the literature on service integration by examining whether it is necessary to go beyond assessment and service access to insure families make progress in each co-occurring problem area to achieve reunification. The sample is comprised of 724 substance-abusing families enrolled in the Illinois Title IV-E Alcohol and Other Drug Abuse (AODA) Waiver Demonstration. Data on client progress consisted of provider ratings completed quarterly to track progress related to problems of substance abuse, domestic violence, housing and mental health. The findings indicate that progress in resolving co-occurring problem areas does increase the likelihood of achieving family reunification. Thus, the provision of the child

welfare service model alone is insufficient. In order for child welfare systems to increase reunification rates, services must target the specific needs of individual families and assist them in achieving progress within co-occurring problem areas. Successful integrated service programs must identify the range of specific problems that clients are dealing with and insure that they address and resolve these problems in order to increase the likelihood of family reunification.

Mendoza, N. (2013). Family structure, substance use, and Child Protective Services involvement: Exploring child outcomes and services. *Journal of Social Work Practice in the Addictions, 13*(1), 32-49. <http://dx.doi.org/10.1080/1533256X.2012.756793>

Using data from the National Survey on Child and Adolescent Well-Being (N = 5,501), this study explored caregiver substance use, family structure, and child well-being. Findings demonstrated that children of single mothers who use substances had higher externalized behavior problems than children of mothers with secondary caregivers in the home and who did not use substances. Children demonstrated more positive behavior and social skills in families without substance use. Single mothers with substance use accessed the most mental and behavioral health services and child welfare casework services compared to mothers who had available secondary caregivers and who did not use substances. Overall, this study demonstrated links among family structure, substance use, and child protective services involvement.

Messina, N., & Jeter, K. (2012). Parental methamphetamine use and manufacture: Child and familial outcomes. *Journal of Public Child Welfare, 6*(3), 296-312. <http://dx.doi.org/10.1080/15548732.2012.683364>

The children of methamphetamine (MA) users and manufacturers are at high risk of neglect and abuse and physical harm from exposure to the drug and the chemicals used to produce it. This study is the first to document the epidemiology of children removed from home-based MA labs and their familial outcomes. Analyses are predominantly descriptive for 99 cases of drug-endangered children recorded from 2001–2003 in Los Angeles County. Neglect was substantiated in 93% of the cases; 97% of the cases resulted in child protective services detainment. Eighty percent had a documented medical diagnosis, most often related to exposure to MA manufacture.

Metsch, L. R., Rivers, J. E., Miller, M., Bohs, R., McCoy, C. B., Morrow, C. J., ... Gissen, M. (1995). Implementation of a family-centered treatment program for substance-abusing women and their children: Barriers and resolutions. *Journal of Psychoactive Drugs, 27*(1), 73-83. <http://dx.doi.org/10.1080/02791072.1995.10471675>

Recent federal health financing and health care delivery programs have increased access to alcohol and other drug abuse treatment programs for low-income women, and have provided intervention and prevention services for their children and families. The Village South Families in Transition (FIT) in Miami, Florida, implemented a residential treatment program for women and their children that aims to decrease alcohol and other drug use, reduce reliance on social and health welfare systems, improve functioning in specific life-skill and vocational areas, improve parenting techniques and maternal/child relations, and provide intervention and prevention services for the clients' children in a safe and supportive environment. Program implementation required resolutions to numerous barriers, including securing a facility for women and children; recruiting, hiring and training of staff; establishing and maintaining community linkages; treatment considerations; balancing treatment versus evaluation/research; and critical decisions faced by treatment staff as they modify client-centered programs to incorporate gender-specific and family-centered programs.

Metsch, L. R., Wolfe, H. P., Fewell, R., McCoy, C. B., Elwood, W. N., Wohler-Torres, B., ... Haskins, H. V. (2001). Treating substance-using women and their children in public housing: Preliminary evaluation findings. *Child Welfare, 80*(2), 199-220.

The Key West Housing Authority created SafePort, a residential substance abuse treatment program within public housing to provide drug treatment to parenting women. All family members—women, children, and significant others—receive comprehensive assessments to determine appropriate therapeutic interventions to resolve their problems. Preliminary evaluation findings suggest that women who participate with their children are more likely to remain drug free than are those who participated without their children.

Minnes, S., Lang, A., & Singer, L. (2011). Prenatal tobacco, marijuana, stimulant, and opiate exposure: Outcomes and practice implications. *Addiction Science & Clinical Practice*, 6(1), 57-70.

Abuse of drugs by pregnant women both in the United States and worldwide has raised many questions regarding the effects of prenatal drug exposure on the developing fetus and subsequent child outcomes. Studies using the neurobehavioral teratology model have been undertaken to determine specific prenatal drug effects on cognitive and behavioral development. Here we summarize the findings of studies that have investigated the developmental effects of prenatal exposure to tobacco, marijuana, stimulants, and opiates. These studies consider the timing and amount of prenatal exposure; other drug exposures; maternal characteristics; and other health, nutritional, and environmental factors. We review treatment options for pregnant, substance-dependent women and therapeutic interventions for exposed children. Several well-designed and methodologically sound studies have described long-term effects of specific prenatal drug exposures on children's health and development. Some longitudinal studies now extend into late adolescence and early adulthood and assess vulnerability to substance abuse and dependence. The psychoactive substances widely used by women of childbearing age include alcohol, tobacco, marijuana, stimulants, and opioids. Here we summarize current knowledge of the effects of prenatal exposure to each of these drugs, except alcohol. The extensive research on prenatal alcohol exposure has been reviewed elsewhere (Manji et al., 2009; O'Connor and Paley, 2009; Paley and O'Connor, 2009). We also discuss promising findings from trials of interventions to help pregnant and postpartum substance-abusing women and prenatally drug-exposed children.

Mirick, R. G., & Steenrod, S. A. (2016). Opioid use disorder, attachment, and parenting: Key concerns for practitioners. *Child and Adolescent Social Work Journal*, 33(6), 547-557. doi: 10.1007/s10560-016-0449-1

In the United States, the current epidemic of opioid use disorders impacts many parents and their children. Historically, interventions for parents with substance use disorders have focused on two separate areas, achieving and maintaining abstinence and learning parenting skills. These interventions do not address the parent/child relationship, and the impact of parental opioid use disorder on attachment. Insecure attachment, particularly disorganized attachment, negatively affects the child's development and safety. Attachment should always be considered when doing a safety assessment or planning an intervention for parents with opioid use disorders. This conceptual paper describes the impact of parental opioid use on attachment across the developmental span of childhood, highlighting research about opioid use disorder, parenting, and attachment which is relevant for practitioners working with parents with opioid use disorders, as child protection workers, substance abuse counselors, or therapists. Identification, attachment assessment tools, and empirical research on attachment-based interventions are discussed.

Mittal, L., & Suzuki, J. (2015). Feasibility of collaborative care treatment of opioid use disorders with buprenorphine during pregnancy. *Substance Abuse*, 16, 1-4.

<http://dx.doi.org/10.1080/08897077.2015.1129525>

Background: Medication-assisted treatment with buprenorphine or methadone is recommended for pregnant patients with opioid use disorders to minimize adverse maternal and neonatal outcomes. Collaborative care approaches have been successfully utilized with office-based opioid treatment with buprenorphine in primary care settings, but research is significantly limited in the

obstetric setting. Our aim with this study is to demonstrate the feasibility of a collaborative care model for pregnant patients with opioid use disorder. Methods: This is a case series of 16 pregnancies in 14 women initiated on office-based opioid treatment with buprenorphine in a perinatal mental health service embedded in two obstetric clinics. Patients are treated by a psychiatrist alongside their prenatal care provider and followed for up to 6 months postpartum and referred to ongoing substance abuse treatment to a community prescriber. Results: The average age of the patients was 30.3 years and an average gestational age of 23.6 weeks at the time of referral. Treatment continued until delivery in 15 (93.8%) pregnancies, with an average duration of treatment of 14.5 weeks. The majority (60%) had a cesarean delivery. Twelve (80%) infants were admitted to the Neonatal Intensive Care Unit (NICU) for monitoring or treatment of Neonatal Abstinence Syndrome. Fourteen (87.5%) patients continued or resumed treatment with buprenorphine postpartum at the time of discharge from our program and 13 (81.3%) were referred to a community prescriber. Conclusions: A collaborative care approach to buprenorphine treatment is feasible during pregnancy. Further research is needed to improve the treatment of OUD during pregnancy.

Moore, K., Barrett, B., & Young, M. (2012). Six-month behavioral health outcomes among family dependency treatment court participants. *Journal of Public Child Welfare*, 6(3), 313-329.
<http://dx.doi.org/10.1080/15548732.2012.683370>

Significant abuse problems are prevalent in families involved with the child welfare system. Family Dependency Treatment Courts (FDTCs) are partnerships among the child welfare, court, and treatment systems designed for substance-abusing parents whose children are removed from the home primarily due to abuse and/or neglect. FDTCs enable the court to mandate treatment and make child reunification dependent on treatment compliance. This study evaluated 83 individuals during the first 6 months of their participation in a FDTC program. Participants included substance-abusing parents involved in the child welfare system who were referred to FDTC. Results indicated statistically significant reductions in past-month substance use, anxiety, and depression as well as high rates of therapeutic alliance. These findings, indicating significant reductions in the frequency of parental drug and alcohol use, replicate earlier FDTC evaluations. Assuming continuing evidence of cost savings, this unique judicial and treatment approach will likely continue to spread across the United States.

Moreno, C. M., & Curti, G. H. (2012). Recovery spaces and therapeutic jurisprudence: A case study of the family treatment drug courts. *Social & Cultural Geography*, 13(2), 161-183.
<http://dx.doi.org/10.1080/14649365.2012.655768>

Working through feminist and post-structural understandings of law and different body-space relations of family treatment and recovery, in this paper we empirically investigate the nature and workings of therapeutic jurisprudence in drug treatment and child welfare management programs based in San Diego, California, and involved in the family treatment drug court (FTDC) system. What is at the forefront in this paper are different critical geographical conceptualizations of the double articulating productive and inhibiting forces inherent to the workings of FTDCs. Through the presentation of two family narratives of different familial, corporeal, spatial, and institutional encounters, movements, and transformations, we argue for alternative, attentive, and empowering understandings of family recovery.

Morse, D. S., Cerulli, C., Bedell, P., Wilson, J. L., Thomas, K., Mittal, M., ... Chin, N. (2014). Meeting health and psychological needs of women in drug treatment court. *Journal of Substance Abuse Treatment*, 46(2), 150-157. <http://dx.doi.org/10.1016/j.jsat.2013.08.017>

Authors explored healthcare-related experiences of women drug court participants through combining context from the socio-ecological model with motivation needs for health behavior as indicated by self-determination theory. Five focus groups with 8 women drug court participants, 8

court staff, and 9 community service providers were examined using qualitative framework analysis. Themes emerged across the socio-ecological model and were cross-mapped with self-determination theory-defined motivation needs for autonomy, relatedness, and competence. Socio-ecological levels contained experiences either supporting or eroding women's motivation needs: 1) intrapersonal challenges participants termed an “evil cycle” of relapse, recidivism, trauma, and life challenges; 2) interpersonal context of parenting and stigma involving features of this “evil cycle”; 3) institutions with logistical barriers to legal and medical assistance; 4) community resources inadequate to support living and employment needs. Self-determination theory helps explain motivation required to address the women's healthcare needs and multiple demands at all levels of the socio-ecological model.

Natale, R., Scott, S. H., Camejo, S. T., Hernandez, M., & Sellas-Lamberty, O. (2012). Cherish the Family: A program model of strengths and attachment in reunifying substance-abusing mothers with their children. *Child Welfare, 91*(5), 73-95.

The Cherish the Family (CTF) program targets mothers with children (age 0-3) engaged in the child welfare system, and provide services to strengthen a mother's ability to care for her child. A multimodal design was used with data collected at three points of time. Program results revealed positive changes in the areas of child well-being, parental capabilities, family interactions, family safety, caregiver/child ambivalence, and readiness for reunification among the treatment group.

Neger, E. N., & Prinz, R. J. (2015). Interventions to address parenting and parental substance abuse: Conceptual and methodological considerations. *Clinical Psychology Review, 39*, 71-82.
<http://dx.doi.org/10.1016/j.cpr.2015.04.004>

Parental substance abuse is a serious problem affecting the well-being of children and families. The co-occurrence of parental substance abuse and problematic parenting is recognized as a major public health concern. This review focuses on 21 outcome studies that tested dual treatment of substance abuse and parenting. A summary of theoretical conceptualizations of the connections between substance abuse and parenting provides a backdrop for the review. Outcomes of the dual treatment studies were generally positive with respect to reduction of parental substance use and improvement of parenting. Research in this area varied in methodological rigor and needs to overcome challenges regarding design issues, sampling frame, and complexities inherent in such a high-risk population. This area of work can be strengthened by randomized controlled trials, use of mixed-methods outcome measures, consideration of parent involvement with child protective services, involvement of significant others in treatment, provision of concrete supports for treatment attendance and facilitative public policies.

Niccols, A., Milligan, K., Smith, A., Sword, W., Thabane, L., & Henderson, J. (2012). Integrated programs for mothers with substance abuse issues and their children: A systematic review of studies reporting on child outcomes. *Child Abuse & Neglect, 36*(4), 308-322.
<http://dx.doi.org/10.1016/j.chiabu.2011.10.007>

Integrated treatment programs (those that include on-site pregnancy-, parenting-, or child-related services with addiction services) were developed to break the intergenerational cycle of addiction, potential child maltreatment, and poor outcomes for children. To examine the impact and effects of integrated programs for women with substance abuse issues and their children, we performed a systematic review of studies published from 1990 to 2011. Literature search strategies included online bibliographic database searches, checking printed sources, and requests to researchers. Studies were included if all participants were mothers with substance abuse problems at baseline; the treatment program included at least 1 specific substance use treatment and at least 1 parenting or child treatment service; the study design was randomized, quasi-experimental, or cohort; and there were quantitative data on child outcomes. We summarized data on child development, growth, and emotional and behavioral outcomes. Thirteen studies (2 randomized trials, 3 quasi-

experimental studies, 8 cohort studies; N = 775 children) were included in the review. Most studies using pre-post design indicated improvements in child development (with small to large effects, $d_s = 0.007-1.132$) and emotional and behavioral functioning (with most available effect sizes being large, $d_s = 0.652-1.132$). Comparison group studies revealed higher scores for infants of women in integrated programs than those not in treatment, with regard to development and most growth parameters (length, weight, and head circumference; with all available effect sizes being large, $d_s = 1.16-2.48$). In studies comparing integrated to non-integrated programs, most improvements in emotional and behavioral functioning favored integrated programs and, where available, most effect sizes indicated that this advantage was small ($d_s = 0.22-0.45$). Available evidence supports integrated programs, as findings suggest that they are associated with improvements in child development, growth, and emotional and behavioral functioning. More research is required comparing integrated to non-integrated programs. This review highlights the need for improved methodology, study quality, and reporting to improve our understanding of how best to meet the needs of children of women with substance abuse issues.

Pajulo, M., Suchman, N., Kalland, M., & Mayes, L. (2006). Enhancing the effectiveness of residential treatment for substance abusing pregnant and parenting women: Focus on maternal reflective functioning and mother-child relationship. *Infant Mental Health Journal, 27*(5), 448-465. doi: 10.1002/imhj.20100

Substance abuse during early motherhood has become a significant problem and has led to accelerated efforts to develop specific treatment facilities for these mothers and children. Despite the often intensive treatment efforts in residential settings, there is surprisingly little evidence of their efficacy for enhancing the quality of caregiving. The situation of these mother-child pairs is exceptionally complex and multilevel, and has to be taken into account in the content and structuring of treatment. Intensive work in the “here and now” focusing on the mother-child relationship from pregnancy onwards in an effort to enhance maternal reflective capacity and mindedness is considered a key element for better treatment prognosis, in terms of both abstinence and quality of parenting. Pioneering work with such a focus is described in this article.

Panchanadeswaran, S., & Jayasundara, D. (2012). Experiences of drug use and parenting among women in substance abuse treatment: An exploratory study. *Journal of Human Behavior in the Social Environment, 22*(8), 971-987. <http://dx.doi.org/10.1080/10911359.2012.707943>

The purpose of this exploratory study was to explore the multiple contexts of vulnerability, drug use and parenting for women in substance abuse treatment. Nineteen purposively sampled women provided qualitative data through semi-structured interviews. Findings revealed that adverse childhood experiences and intimate partners were important pathways into drug use initiation. Identities as mothers emerged as a key finding, intimately linked to women's motivation to seek and complete treatment. Understanding the challenges to recovery among mothers in treatment is an important priority for social workers. This study highlights the complexity of women's experiences and suggests implications for future practice and research.

Patrick, S. W., Kaplan, H. C., Passarella, M., Davis, M. M., & Lorch, S. A. (2014). Variation in treatment of neonatal abstinence syndrome in US children's hospitals, 2004–2011. *Journal of Perinatology, 34*(11), 867-872. doi:10.1038/jp.2014.114

Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome experienced by opioid-exposed infants. There is no standard treatment for NAS and surveys suggest wide variation in pharmacotherapy for NAS. Our objective was to determine whether different pharmacotherapies for NAS are associated with differences in outcomes and to determine whether pharmacotherapy and outcome vary by hospital. We used the Pediatric Health Information System Database from 2004 to 2011 to identify a cohort of infants with NAS requiring pharmacotherapy. Mixed effects

hierarchical negative binomial models evaluated the association between pharmacotherapy and hospital with length of stay (LOS), length of treatment (LOT) and hospital charges, after adjusting for socioeconomic variables and comorbid clinical conditions. Our cohort included 1424 infants with NAS from 14 children's hospitals. Among hospitals in our sample, six used morphine, six used methadone and two used phenobarbital as primary initial treatment for NAS. In multivariate analysis, when compared with NAS patients initially treated with morphine, infants treated with methadone had shorter LOT (incidence rate ratio (IRR) = 0.55; $P < 0.0001$) and LOS (IRR = 0.60; $P < 0.0001$). Phenobarbital as a second-line agent was associated with increased LOT (IRR = 2.09; $P < 0.0001$), LOS (IRR = 1.78; $P < 0.0001$) and higher hospital charges (IRR = 1.84; $P < 0.0001$). After controlling for case-mix, hospitals varied in LOT, LOS and hospital charges. We found variation in hospital in treatment for NAS among major US children's hospitals. In analyses controlling for possible confounders, methadone as initial treatment was associated with reduced LOT and hospital stay.

Powell, C., Stevens, S., Dolce, B. L., Sinclair, K. O., & Swenson-Smith, C. (2012). Outcomes of a trauma-informed Arizona Family Drug Court. *Journal of Social Work Practice in the Addictions*, 12(3), 219-241. <http://dx.doi.org/10.1080/1533256X.2012.702624>

Family Drug Courts (FDC) support parents' reunification efforts by providing case management aimed at cross-agency collaborations. Innovatively, the Pima County FDC includes trauma-specific treatment provided concurrently with alcohol and other drug (AOD) treatment. This study examines outcomes including AOD use, mental health, education and employment involvement, housing stability, and reunification of 121 FDC participants who completed baseline and 6-month post baseline self-report assessments. At follow-up, AOD use remained low and mental health problems had decreased. Engagement in employment and education increased, as did housing stability. This study suggests that the Pima County FDC model might be effective for working with parents battling substance abuse.

Price, A., Bergin, C., Luby, C., Watson, E., Squires, J., Funk, K., Little, C. (2012). Implementing Child Abuse Prevention and Treatment Act (CAPTA) requirements to serve substance-exposed newborns: Lessons from a collective case study of four program models. *Journal of Public Child Welfare*, 6(2), 149-171. <http://dx.doi.org/10.1080/15548732.2012.667730>

The Child Abuse Prevention and Treatment Act (CAPTA) of 2003 requires states to develop procedures to notify child protective services of newborns prenatally exposed to illegal substances and develop plans of safe care. In 2005 the Administration for Children and Families awarded grants to four programs to develop models for implementing these CAPTA requirements. Although the programs were quite varied, they encountered similar challenges collaborating across agencies, developing effective protocols for identifying exposed newborns, and engaging families in services. This article describes the programs, discusses how they implemented CAPTA requirements, and presents recommendations for other communities.

Raitasalo, K., & Holmila, M. (2016). Parental substance abuse and risks to children's safety, health and psychological development. *Drugs: Education, Prevention and Policy*, 24(1), 17-22. <http://dx.doi.org/10.1080/09687637.2016.1232371>

This study looks at the connection between parents' substance abuse and their 0–6 years old children's somatic and psychological health. A retrospective population-based cohort study based on Finnish health care and social welfare registers. The participants were all children born in Finland in 1997 ($N = 58,667$) and 2002 ($N = 55,146$) and their biological parents. Children were followed up for hospitalizations because of injuries, somatic illness and psychiatric disorders. The association between hospitalizations and parents' substance abuse as well as living with the abusing parent were estimated using logistic regression. Children's hospitalizations for all reasons

were more prevalent if the mother or the father had a substance abuse problem. Mother's substance abuse increased the children's risk of hospitalizations for somatic illness (OR = 1.34) and psychiatric disorders (OR = 1.33, father's substance abuse increased the risk of hospitalization because of psychiatric disorders (OR = 1.18). The risks were even higher if both parents were substance abusers. Parents' substance abuse can cause a variety of harms to children, which may be related to unsafe environment, long-standing stress, and non-adequate responding to the child's needs. Multi-professional work with substance abusing parents and their children is crucial in order to reduce children's risks for poor health.

Renk, K., Boris, N. W., Kolomeyer, E., Lowell, A., Puff, J., Cunningham, A., McSwiggan, M. (2015). The state of evidence-based parenting interventions for parents who are substance-involved. *Pediatric Research*, 79, 177-183. doi:10.1038/pr.2015.201

Approximately 70 million children and adolescents live with at least one parent who abuses or is dependent on alcohol or an illicit substance. Given the negative parenting practices that substance-involved mothers and fathers tend to exhibit as well as the poor outcomes that their children, particularly their young children, experience, evidence-based parenting interventions are an important complement to substance abuse treatments. At this time, there are few studies that compare the efficacy of parenting interventions for these parents, however. Nonetheless, research has begun to examine skill-based and attachment-based parenting interventions for substance-involved families with young children. These parenting interventions should be considered within the context of the neurobiology of substance abuse, which emphasizes the role of dopamine in the reward systems that promote substance use. In the context of these neurobiological connections, parenting interventions that engender repeated intense emotional experiences may stimulate this same reward system and, therefore, may be more efficacious. Attachment-based interventions are particularly promising when such connections are considered. More attention needs to be paid to bringing impactful parenting interventions to substance-involved parents with young children.

Rittner, B., & Dozier, C. D. (2000). Effects of court-ordered substance abuse treatment in child protective services cases. *Social Work*, 45(2), 131-140.

Courts often play active roles in the lives of families supervised by child protective services (CPS). Judges adjudicate dependency, mandate services, determine placements of children, and order continued supervision or termination of parental rights or services. This study examined the effects of court orders in preventing recurrence of substance abuse in the cases of 447 children in kinship care while under CPS supervision. In addition, the effects of court orders on duration of service and on numbers of placements were studied. Results suggested that court interventions had mixed outcomes. Levels of compliance with mandated substance abuse and mental health treatment did not appear to influence rates of re-abuse or duration of service. Court orders appeared to affect both the number of caretakers and placements the children experienced. Children adjudicated dependent were more likely to have multiple caretakers than those under voluntary supervision.

Rockhill, A., Furrer, C. J., & Duong, T. M. (2015). Peer mentoring in child welfare: A motivational framework. *Child Welfare*, 94(5), 125-144.

Peer mentoring interventions for parents with substance use disorders who are involved with the child welfare system are relatively new, complex, individualized interventions and thus need to be understood both in regard to program efficacy and the processes of how they work. This qualitative study of the experiences of parents involved in a parent mentoring program suggested that certain practices helped motivate parents to think and act in ways that supported their goals and child welfare case plans. The three key mentoring practices that emerged were building caring relationships, providing guidance, and putting parents in charge. These practices promoted parents' positive self-beliefs (e.g., worthy of connection, competence), which helped motivate

them to participate in services, cope constructively with difficulties, and more effectively manage behaviors and emotions. Drawing on Self-Determination Theory and Basic Psychological Needs Theory (BPNT) in particular, we propose a motivational framework for understanding how peer mentoring facilitates, or undermines, parents' motivation and results in their making progress on various aspects of their child welfare case. Implications for using the motivational model in future program development and evaluation efforts are discussed.

Ryan, J. P., Choi, S., Hong, J. S., Hernandez, P., & Larrison, C. R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse & Neglect*, 32(11), 1072-1079. <http://dx.doi.org/10.1016/j.chiabu.2007.12.011>

Substance exposed infants present a major challenge to child welfare and public health systems. Prenatal substance exposure and continued substance abuse in the home are associated with a wide range of adverse social, emotional, and developmental outcomes. The objective of the current study is to evaluate the use of recovery coaches in child welfare. The current study is longitudinal and utilizes an experimental design. The sample includes 931 substance abusing women enrolled in a Title IV-E Waiver Demonstration, 261 in the control group, and 670 in the experimental group. Women in the experimental group received traditional services plus the services of a recovery coach. Administrative records are used to indicate substance exposure at birth. Of the 931 women enrolled in the waiver demonstration, 21% of the control group and 15% of the experimental group were associated with a subsequent substantiated allegation indicating substance exposure at birth. Cox proportional hazards modeling indicates that women in the experimental group were significantly less likely to be associated with a new substance exposed birth. The use of recovery coaches in child welfare significantly decreases the risk of substance exposure at birth. Integrated and comprehensive approaches are necessary for addressing the complex and co-occurring needs of families involved with child protection.

Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois alcohol and other drug abuse waiver demonstration. *Social Work Research*, 30(2), 95-107. doi: 10.1093/swr/30.2.95

Alcohol and other drug abuse is a major problem for children and families involved with public child welfare. Substance abuse compromises appropriate parenting practices and increases the risk of child maltreatment. A substantial proportion of substantiated child abuse and neglect reports involve parental substance abuse. Once in the system, children of substance-abusing families experience significantly longer stays in foster care and significantly lower rates of reunification. To address these problems, child welfare systems are developing service integration models that incorporate both substance abuse and child welfare services. This study provides an initial examination of the effectiveness of one service integration model that emphasizes the provision of intensive case management to link substance abuse and child welfare services. The authors used an experimental design and focused particular attention on two outcomes: access to substance abuse services and family reunification. The findings indicate that the families assigned to the experimental group used substance abuse services at a significantly higher rate and were more likely to achieve family reunification than were families in the control group.

Ryan, J. P., Victor, B. G., Moore, A., Mowbray, O., & Perron, B. E. (2016). Recovery coaches and the stability of reunification for substance abusing families in child welfare. *Children and Youth Services Review*, 70, 357-363. <http://dx.doi.org/10.1016/j.childyouth.2016.10.002>

Substance abuse is a long-standing challenge for child welfare systems. Parental substance abuse disrupts family stability, family cohesion, and jeopardizes the well-being of children. In the current study we test an intervention to improve child welfare outcomes for substance abusing families, specifically the probability of families achieving a stable (at least 12 months) reunification. The intervention was an integrated case management model where recovery

coaches were appointed to substance abusing parents associated with an open foster care placement. A diverse group of families (n = 1623) were randomly assigned to either a control group (services as usual) or an experimental group (services as usual plus a recovery coach). Multinomial logistic regression indicated that substance abusing parents associated with a recovery coach were significantly more likely to achieve a stable reunification as compared with similar families in the control group.

Saldana, L. (2015). An integrated intervention to address the comorbid needs of families referred to child welfare for substance use disorders and child neglect: FAIR pilot outcomes. *Child Welfare, 94*(5), 167-186.

Despite repeated calls for evidence-based practice to address the co-occurring needs of families referred to the child welfare system for parental substance use disorders and child neglect, limited attention has been given to the rigorous evaluation of such interventions. This paper describes the initial testing of an intervention developed to meet the complex needs of such families. The Families Actively Improving Relationships (FAIR) program and preliminary outcomes are described. The need for integrated interventions is highlighted.

Schaeffer, C. M., Swenson, C. C., Tuerk, E. H., & Henggeler, S. W. (2013). Comprehensive treatment for co-occurring child maltreatment and parental substance abuse: Outcomes from a 24-month pilot study of the MST-Building Stronger Families Program. *Child Abuse & Neglect, 37*(8), 596-607. <http://dx.doi.org/10.1016/j.chiabu.2013.04.004>

This manuscript presents outcomes from a pilot study of Multisystemic Therapy-Building Stronger Families (MST-BSF), an integrated treatment model for the co-occurring problem of parental substance abuse and child maltreatment among families involved in the child welfare system. Participants were 25 mother-youth dyads who participated in MST-BSF and an additional 18 families with similar demographic and case characteristics who received Comprehensive Community Treatment (CCT). At post-treatment, mothers who received MST-BSF showed significant reductions in alcohol use, drug use, and depressive symptoms; they also significantly reduced their use of psychological aggression with the youth. Youth reported significantly fewer anxiety symptoms following MST-BSF treatment. Relative to families who received CCT, mothers who received MST-BSF were three times less likely to have another substantiated incident of maltreatment over a follow-up period of 24 months post-referral. The overall number of substantiated re-abuse incidents in this time frame also was significantly lower among MST-BSF families, and youth who received MST-BSF spent significantly fewer days in out-of-home placements than did their CCT counterparts. These promising preliminary outcomes support the viability of a more rigorous (i.e., randomized) evaluation of the MST-BSF model.

Seay, K. (2015). How many families in child welfare services are affected by parental substance use disorders? A common question that remains unanswered. *Child Welfare, 94*(4), 19-51.

Associated with extensive negative outcomes for children, parental substance use disorders are a major concern within the child welfare system. Obtaining actual prevalence rate data has been difficult, however, and there are no recent published reports on this issue. Using a systematic search, this paper examines: (1) Prevalence estimates of parental substance use disorders in the child welfare population; (2) the types of child welfare involvement for reported prevalence estimates; and (3) how prevalence information is being collected. Prevalence rates were found to have a wide range, from 3.9% to 79%, with regional prevalence estimates being higher than national estimates. Prevalence rates of parental substance use disorders varied by type of child welfare involvement of the family and method of data collection. This study points out the need for improvements in prevalence estimates in the United States and national data collection procedures to ensure that child welfare and substance abuse treatment systems are adequately responding to children and families with substance use disorders.

Seay, K. D., & Kohl, P. L. (2015). The comorbid and individual impacts of maternal depression and substance dependence on parenting and child behavior problems. *Journal of Family Violence, 30*(7), 899-910.

Maternal depression, substance dependence, and the comorbidity of these conditions are highly prevalent risk factors among families involved with Child Protective Services (CPS). Data from the National Survey of Child and Adolescent Well-Being I (NSCAW I) were analyzed to examine the influence of maternal substance dependence, depression, and comorbidity on parenting and child behavior over 36-months among children reported to CPS who remained in the home at all waves. Although neglect and child behavior problems were highest for mothers with comorbidity at baseline, mothers with substance dependence had the poorest self-reported parenting and child behavior problems over time. Results indicate a need for intensive targeted services to address the complex needs of CPS-involved mothers with substance dependence and their in-home children.

Shaw, M. R., Grant, T., Barbosa-Leiker, C., Fleming, S. E., Henley, S., & Graham, J. C. (2015). Intervention with substance-abusing mothers: Are there rural–urban differences? *The American Journal on Addictions, 24*(2), 144-152. doi: 10.1111/ajad.12155

The purpose of this study was to examine rural–urban differences among substance-abusing mothers enrolled in the Parent–Child Assistance Program (PCAP) from 1998 to 2008 in Washington State. This was a longitudinal study utilizing PCAP data reports of 773 women enrolled from 1998 to 2008. Differences across urban–rural PCAP participants were examined. Rural participants were more likely to report alcohol use and binge drinking at program intake and at the 3-year program exit. In addition, throughout the program, rural women were less likely to complete outpatient substance abuse treatment compared to urban participants. Rural women also used less services during the last year including alcohol/drug support and mental health provider services. Findings are troubling when we consider that at program exit, rural participants also reported higher use of alcohol and more suicidal thoughts than those residing in urban areas. Data presented indicate there are important differences between urban and rural residing participants. Findings highlight the importance of considering the barriers that rural or remote locations might create. Identifying community-specific needs of substance abusing pregnant or parenting women in both rural and urban settings is crucial for the successful development and improvement of treatment and intervention programs for this vulnerable population of women.

Shdaimah, C., & Summers, A. (2014). Families in waiting: Adult stakeholder perceptions of family court. *Children and Youth Services Review, 44*, 114-119.
<http://dx.doi.org/10.1016/j.childyouth.2014.06.004>

This study examines perspectives of adults (primarily parents) who participated in juvenile delinquency or dependency hearings at the family division of the Baltimore City Circuit Court. Most respondents understood the court process, felt that their voices were heard, and were satisfied with their treatment. While the majority reported fair treatment, parents were more likely than non-parents to report that judges were sometimes or usually unfair. Respondents with the same judge were more likely than respondents with multiple judges to feel that the judge cared about how they and their children were doing and less likely to feel that the judge does not know enough about the case to make a fair decision. These findings provide support for the one family, one judge docketing system, which was implemented in Baltimore's dependency cases. Observations and open-ended responses revealed concern about the chaos and discomfort of the court waiting areas. Concerns included lack of seating, space or activities for young children, and food as well as stress, confusion, and long wait times. Study findings call for more attention to the environment, which impacts stakeholder experiences of and ability to function optimally in the court process.

Slesnick, N., Feng, X., Brakenhoff, B., & Brigham, G. S. (2014). Parenting under the influence: The effects of opioids, alcohol and cocaine on mother–child interaction. *Addictive Behaviors*, 39(5), 897-900. <http://dx.doi.org/10.1016/j.addbeh.2014.02.003>

Nearly 20% of adults receiving treatment for a substance use disorder live with their minor children (Stanger et al., 1999) and women in drug use treatment are twice as likely as men to have children in their household (Wechsberg et al., 1998). Parental drug use impacts the family through reduced family resources such as money and food, and researchers consistently note parenting deficits among substance users (Solis, Shadur, Burns, & Hussong, 2012). Little is known about differences in parenting and mother–child interaction among mothers with different drugs of choice or among mothers of older children, between 8 and 16 years. This study reports the findings from a sample of treatment seeking opioid, alcohol and cocaine using mothers and their 8–16-year-old child. Findings from a mother–child observational task and self-reported parenting measure indicated less undermining autonomy and higher mother maternal acceptance among opioid compared to alcohol addicted mothers. African American mothers were observed to have fewer negative interactional behaviors than Whites and both African American mothers and children self-reported higher firm control and maternal acceptance. Overall, mothers appeared to struggle with effective discipline with older versus younger children. Findings offer useful information to clinicians seeking to effectively tailor their interventions to women and children who present with different drugs of abuse, race/culture and developmental stage of child.

Smith, B. D. (2003). How parental drug use and drug treatment compliance relate to family reunification. *Child Welfare*, 82(3), 335-365.

This study uses Cox regression to assess the relationships among parental drug use, drug treatment compliance, and reunification from substitute care. The study finds that drug treatment compliance is associated with faster reunification, even when accounting for ongoing drug use and three parenting measures. The findings are consistent with a conceptual framework suggesting that certain client actions, such as drug treatment compliance, may serve as markers that substantially affect client outcomes.

Smith, D. K., Johnson, A. B., Pears, K. C., Fisher, P. A., & DeGarmo, D. S. (2007). Child maltreatment and foster care: Unpacking the effects of prenatal and postnatal parental substance use. *Child Maltreatment*, 12(2), 150-160. doi: 10.1177/1077559507300129

Parental substance use is a well-documented risk for children. However, little is known about specific effects of prenatal and postnatal substance use on child maltreatment and foster care placement transitions. In this study, the authors unpacked unique effects of (a) prenatal and postnatal parental alcohol and drug use and (b) maternal and paternal substance use as predictors of child maltreatment and foster care placement transitions in a sample of 117 maltreated foster care children. Models were tested with structural equation path modeling. Results indicated that prenatal maternal alcohol use predicted child maltreatment and that combined prenatal maternal alcohol and drug use predicted foster care placement transitions. Prenatal maternal alcohol and drug use also predicted postnatal paternal alcohol and drug use, which in turn predicted foster care placement transitions. Findings highlight the potential integrative role that maternal and paternal substance use has on the risk for child maltreatment and foster care placement transitions.

Somervell, A. M., Saylor, C., & Mao, C. L. (2005). Public health nurse interventions for women in a dependency drug court. *Public Health Nursing*, 22(1), 59-64. doi: 10.1111/j.0737-1209.2005.22109.x

There is an increasing number of children placed in foster care due to abuse and neglect. Parents of these children often have difficult drug abuse problems leading to the removal of their children. The cost of caring for these children is staggering, reaching an estimated \$24 billion. One program in Northern California that has been created to assist parents is dependency drug

court. This research utilized qualitative and quantitative data to identify the perceived needs of women who have graduated from this dependency drug court (n = 50) and what they think the public health nurse (PHN) could do to intervene in the difficult process of going through dependency drug court and reunifying with their children. Two main themes emerged from select interviews with former drug court recipients who were functioning as "mentor moms" (n = 4). Common barriers contributed to stress during recovery, and specific strategies promoted reunification and program success. Among strategies recommended by the mentor moms was a suggestion for PHNs to bridge the information gap through regular reports on the development and health of their children during the time they reside in foster care.

Staton-Tindall, M., Sprang, G., Clark, J., Walker, R., & Craig, C. D. (2013). Caregiver substance use and child outcomes: A systematic review. *Journal of Social Work Practice in the Addictions, 13*(1), 6-31. <http://dx.doi.org/10.1080/1533256X.2013.752272>

In spite of widespread concern that children living with substance-misusing caregivers are experiencing greater risk for maltreatment, little research examines the direct effects of caregiver substance use on child outcomes. This systematic review investigates the work done within and across disciplines of adult substance abuse, child welfare, and child mental health, including the measurement of key terms, conceptualization of primary variables, and suggested implications for translational science to practice. The findings of the review show considerable shortcomings for examining this complex problem. To move research forward, we suggest ways to improve measures and methods to provide more robust support for inferences about child maltreatment and mental health outcomes.

Steenrod, S., & Mirick, R. (2016). Substance use disorders and referral to treatment in substantiated cases of child maltreatment. *Child & Family Social Work. doi: 10.1111/cfs.12331*

Parents with substance use disorders (SUD) require treatment and support in order to provide children with appropriate care and protection. Using the 2012 National Child Abuse and Neglect Data System (NCANDS), this paper analyzed 464 313 substantiated child maltreatment reports to determine (i) the proportion and characteristics of reports involving substance abuse; and (ii) the child and caregiver/perpetrator (C/P) characteristics that predicted referral to treatment as recorded in service plans. Findings indicate that 12% (N = 53 234) of maltreatment reports involved C/P SUD. Yet, of those reports, only (19%) (N = 10 088) were referred to substance abuse treatment as part of their service plan, indicating a large gap between those who need treatment and those who receive it. This finding is important given that parental SUD is consistently linked to poorer child outcomes. Amongst other variables, reports indicate that C/P with co-occurring emotional disturbance were three times more likely to be referred to treatment for SUD as part of service plans. Additional research is needed regarding the characteristics that distinguish C/P who receive referrals for SUD treatment in substantiated cases of child maltreatment.

Sun, A. P., Shillington, A. M., Hohman, M., & Jones, L. (2001). Caregiver AOD use, case substantiation, and AOD treatment: Studies based on two southwestern counties. *Child Welfare, 80*(2), 151-178.

This article includes two separate studies: the first explores the impact of caregiver AOD use on CPS case substantiation; the second compares CPS-involved and CPS-noninvolved females in AOD treatment systems. Results suggest that cases with indications of AOD use are more likely to be substantiated than cases without; and increasing numbers of children and younger maternal ages are risk factors for CPS involvement among AOD-using women. Related findings are also presented, followed by implications for practice and research.

Swenson, C. C., Schaeffer, C. M., Tuerk, E., Henggeler, S., Tuten, M., Panzarella, P., ... Guillorn, A. (2009). Adapting multisystemic therapy for co-occurring child maltreatment and parental substance abuse: The Building Stronger Families project. *Journal of Emotional & Behavioral Disorders, 17*, 3–8.

Co-occurring child maltreatment and parental substance abuse present very serious public health concerns. This article describes a project, Building Stronger Families (BSF), that is addressing this problem by integrating an evidence-based treatment of child abuse and neglect, Multisystemic Therapy for Child Abuse and Neglect, with an evidence-based treatment of adult substance abuse, Reinforcement Based Treatment. The core models on which BSF is based are outlined, and the key structural and clinical characteristics of the integrated model are described. Preliminary findings indicate favorable outcomes in recruiting and retaining families, implementing the combined models clinically, retaining staff, and maintaining a cooperative and collaborative working relationship among project collaborators.

Taplin, S., & Mattick, R. P. (2013). Mothers in methadone treatment and their involvement with the child protection system: A replication and extension study. *Child Abuse & Neglect, 37*(8), 500-510. <http://dx.doi.org/10.1016/j.chiabu.2013.01.003>

Although a high level of involvement with the child protection system has been identified in families where parental substance use is a feature, not all such parents abuse or neglect their children or have contact with the child protection system. Identifying parents with substance-use histories who are able to care for their children without intervention by the child protection system, and being able to target interventions to the families who need them the most is important. This study interviewed a relatively large sample of mothers about their histories, their children and their involvement with the child protection system. We hypothesized that mothers in opioid pharmacological treatment who are involved with child protection services are different in characteristics to those mothers who are not involved.

Templeton, L. (2014). Supporting families living with parental substance misuse: The M-PACT (Moving Parents and Children Together) Programme. *Child & Family Social Work, 19*(1), 76-88. doi: 10.1111/j.1365-2206.2012.00882.x

The Moving Parents and Children Together (M-PACT) programme is one of the growing number of interventions tailored to meet the multiple and complex needs of children and families affected by parental substance misuse. This paper pulls together the qualitative findings from 13 evaluated M-PACT programmes in England. Sixty-four families attended an M-PACT programme, including 82 children and 75 adults. Qualitative data were collected from 37 children, 36 adults and over 30 group facilitators. Six themes are discussed: engaging with M-PACT, shared experiences, understanding addiction, changes in communication, healthier and united families, and ending M-PACT. The majority of families benefitted in a range of ways from the programme: meeting others who were experiencing similar problems, greater understanding about addiction and its impact on children and families improving communication within the family. In many families there was more openness and honesty, stronger relationships and more time as families, and a reduction in arguments and conflict. The key findings are discussed in terms of the potential for interventions of this kind to reduce family-related harm from parental substance misuse.

Terplan, M., McNamara, E. J., & Chisolm, M. S. (2012). Pregnant and non-pregnant women with substance use disorders: The gap between treatment need and receipt. *Journal of Addictive Diseases, 31*(4), 342-349. <http://dx.doi.org/10.1080/10550887.2012.735566>

Differences in pregnant and non-pregnant women's alcohol and drug use, substance treatment need, and treatment receipt were examined using The National Survey of Drug Use and Health (2002–2006). Treatment need and receipt were defined by either self-report or DSM-IV criteria.

Pregnant women were less likely to use alcohol and drugs than non-pregnant women. Among women who use drugs, pregnant women were more likely to need treatment (odds ratio (OR) = 1.92; 95% confidence interval (CI): 1.46, 2.52), however they were not more likely to receive treatment (OR = 0.90; 95% CI: 0.54, 1.51). Overall, there is an unmet need for treatment among reproductive-aged substance users.

Thompson, S., Roper, C., & Peveto, L. (2013). Parenting in Recovery Program: Participant responses and case examples. *Child Welfare, 92*(1), 139-157.

Approximately 80% of children served by child welfare agencies have parents who abuse or are dependent on alcohol or illicit drugs. Despite the devastating effects on children from living in substance abusing families, child protective service practitioners have limited options available to assist these families. The Parenting in Recovery program was created to address the needs of substance-abusing mothers involved in child welfare. This manuscript describes this program and perceptions of participants concerning its effectiveness.

Traube, D. E., He, A. S., Zhu, L., Scalise, C., & Richardson, T. (2015). Predictors of substance abuse assessment and treatment completion for parents involved with child welfare: One state's experience in matching across systems. *Child Welfare, 94*(5), 45-66.

To date, few studies have examined the effect of interagency collaboration on substance abuse assessment and treatment completion for parents who are involved in child welfare. The purpose of this paper is to: (1) describe a statewide, interagency collaborative program aimed at providing targeted substance abuse assessment and treatment to parents engaged in the child welfare system; (2) document the specialized assessment and treatment outcomes for parents engaged through this collaborative program; and (3) determine factors related to successful treatment completion for parents involved in the child welfare system. This is a retrospective study of an open cohort of 13,829 individuals admitted to the New Jersey Child Protection Substance Abuse Initiative (CPSAI) program from October 1, 2009, through September 30, 2010. Data were drawn from two unique administrative data sources. Multivariate Cox regression models were used to explore factors related to successful treatment completion for parents involved in the child welfare system. Trend analysis for the total sample in the CPSAI program revealed that, of the 10,909 individuals who received a CPSAI assessment, 59% were referred to treatment. Of those referred to treatment, 40% enrolled in a treatment program. Once enrolled in a treatment program, 55% completed or were in the process of completing substance abuse treatment. These findings suggest that when adequate screening and treatment is available through a streamlined process, many of the ethnic and gender disparities present among other populations of individuals seeking treatment are minimized. Utilizing inherent child welfare case factors appears to be an important motivating element that aids parents during the assessment and treatment process.

Twomey, J. E., Caldwell, D., Soave, R., Fontaine, L. A., & Lester, B. M. (2010). Vulnerable infants program of Rhode Island: Promoting permanency for substance-exposed infants. *Child Welfare, 89*(3), 121.

The Vulnerable Infants Program of Rhode Island is a care coordination program to promote permanency for substance-exposed infants by addressing parental needs and increasing collaboration among social service agencies. Over the first four years of the program, there was a decrease in time spent in the newborn nursery beyond medical necessity and identification of permanent placements by 12 months for 84% of infants, with the majority of infants (78%) placed with biological parents or relatives.

Twomey, J. E., Caldwell, D., Soave, R., Fontaine, L. A., & Lester, B. M. (2011). A care coordination program for substance-exposed newborns. *Child Welfare, 90*(5), 115-133.

The Vulnerable Infants Program of Rhode Island (VIP-RI) was established as a care coordination program to promote permanency for substance-exposed newborns in the child welfare system. Goals of VIP-RI were to optimize parents' opportunities for reunification and increase the efficacy of social service systems involved with families affected by perinatal substance use. Findings from VIP-RI's final four years show that by 12 months, 86% of substance-exposed newborns had identified permanent placements and 77% were placed with biological parents or relatives.

Twomey, J. E., Miller-Loncar, C., Hincley, M., & Lester, B. M. (2010). After family treatment drug court: Maternal, infant, and permanency outcomes. *Child Welfare, 89(6), 23-41.*

This study reports on maternal functioning, infant developmental, and permanency outcomes for 52 families following maternal participation in a family treatment drug court (FTDC) for perinatal substance users. Although the majority of families experienced positive child welfare outcomes, over time, maternal functioning deteriorated and infant developmental concerns were identified. Even when promising interventions like FTDC are used, long-term needs of families affected by perinatal substance use need to be considered and addressed.

Ungemack, J., Giovannucci, M., Moy, S., Ohrenberger, K., DeMatteo, T., & Smith, S. (2015). Making it work without a family drug court: Connecticut's approach to parental substance abuse in the child welfare system. *Child Welfare, 94(5), 107-123.*

Parental substance abuse presents complex challenges for the child welfare system and courts. This article describes the State of Connecticut's experience implementing the Recovery Specialist Voluntary Program (RSVP), a recovery support program designed to confront the problem of parental substance abuse within the child welfare system without a family drug court. The state-level collaboration efforts, system changes, factors affecting development and implementation of RSVP, program participants, and preliminary outcomes are described.

United States General Accounting Office (GAO). (1998). *Foster care: Agencies face challenges securing stable homes for children of substance abusers.* Washington, DC: United States General Accounting Office. Retrieved from <http://www.gao.gov/archive/1998/he98182.pdf>

On the basis of our survey, we estimate that about two-thirds of all foster children in both California and Illinois, or about 84,600 children combined, had at least one parent who abused drugs or alcohol, and most had been doing so for at least 5 years. Most of these parents abused one or more hard drugs such as cocaine, methamphetamines, and heroin. Substance abusers often abandon or neglect their children because their primary focus is obtaining and using drugs or alcohol. They also place their children's safety and well-being at risk when they buy drugs or engage in other criminal activity to support their drug habit. Recovery from drug and alcohol addiction is generally a difficult and lifelong process that may involve periods of relapse.

Wang, C., & Holton, J. (2007). *Total estimated cost of child abuse and neglect in the united states.* Chicago, IL: Prevent Child Abuse America. Retrieved from https://jfs.ohio.gov/OCTF/PCAAcost_analysis.pdf

Child abuse and neglect are preventable, yet each year in the United States, close to one million children are confirmed victims of child maltreatment. An extensive body of research provides promising and best practices on what works to improve child safety and well-being outcomes and reduce the occurrence of child abuse and neglect. These efforts are essential as child abuse and neglect have pervasive and long-lasting effects on children, their families, and the society. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social, and cognitive.

Wheeler, M. M., & Fox, C. L. (2006). Family dependency treatment court: Applying the drug court model in child maltreatment cases. *National Drug Court Institute, 5*(1), 1–7. Retrieved from <http://www.ndcrc.org/sites/default/files/fdtdc.pdf>

This is a fact sheet for Drug Court Practitioners providing a brief historical background on FDCs, ASFA, and family-focused practices. Authors believe that FDTCs have enhanced the ability of family court, child protection agencies, and treatment systems to respond to families in crisis.

Wolock, I., & Magura, S. (1996). Parental substance abuse as a predictor of child maltreatment reports. *Child Abuse & Neglect, 20*(12), 1183-1193. doi:10.1016/S0145-2134(96)00114-7

This longitudinal study of child abuse and neglect cases closed after investigation examined the impact of parental substance abuse on family functioning and on subsequent referrals to child protective services. The findings support the hypothesis that parental substance abuse would have a negative impact on family functioning, which, in turn, would result in a higher rate of re-reports. As expected, substance abuse also had a direct impact on re-reports. It is critical that the child welfare system recognize and respond to parental substance abuse problems in these families through expanded and improved voluntary, and perhaps, mandatory services.

Young, N. K., Gardner, S. L., & Dennis, K. (1998). *Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy*. Washington, DC: Child Welfare League of America Press. Retrieved from <http://www.ncsacw.samhsa.gov/files/RespondingtoAODProblems.pdf>

The epidemic of drug and alcohol abuse that threatens our nation has many economic and social costs, but its cost to families is our greatest national deficit. Increasing numbers of Americans are living on the outskirts of hope and opportunity, with hundreds of thousands of children and adolescents feeling the devastating effects of abuse and neglect, homelessness, violence, and economic erosion. The widespread use of alcohol and other drugs by parents and other family members intensifies these social ills. Families should be on the front line of defense in the nation's war on drugs, but in many cases, alcohol and other drugs have broken through the line. Many children and youth stand unprotected. The child welfare community cannot carry out its mandate to protect children unless there is a dialogue among professionals and caregivers from such disciplines as child welfare, substance abuse prevention and treatment, mental health, juvenile justice, public assistance, and domestic violence. It is through collaboration that effective innovations in policies, programs, and practices evolve.

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*(2), 137-149.

There are relatively few empirically sound studies or nationally representative data on the number of children in child welfare services (CWS) who are impacted by their parents' substance abuse or dependence. The two systems that could systematically monitor this population, CWS and substance abuse treatment, are not required to capture the data elements that would identify families in both systems. The studies that are based on CWS populations or parents in treatment indicate that there is a substantial overlap in client populations. This review provides a summary of the available data, provides estimates of the overlap between populations, including the number of infants born each year with prenatal substance exposure, and suggests important opportunities to close the data gap between the systems. The findings underscore both the need for obtaining accurate data within the systems and the opportunities for states to improve their cross-system data efforts as part of their outcome monitoring.

Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2007). *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*. DHHS Publication No. SMA 07-4261. Rockville,

MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.ncsacw.samhsa.gov/files/SAFERR.pdf>

SAFERR is a collaborative model to help child welfare, substance abuse treatment, and family court professionals make better informed decisions when determining outcomes for children and families affected by substance use disorders. The guidebook provides strategies to help improve the connections, communications, and collaborative capacities across systems. The SAFERR model is based on three overarching principles: 1) The problems of child maltreatment and substance use disorders demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being; 2) Success is possible and feasible. Professionals from child welfare, substance abuse treatment, and family courts have the desire and potential to change individual lives and create responsible public policies; and 3) Family members are active partners and participants in addressing these urgent problems.

Zweben, J. E., Moses, Y., Cohen, J. B., Price, G., Chapman, W., & Lamb, J. (2015). Enhancing family protective factors in residential treatment for substance use disorders. *Child Welfare, 94*(5), 145-166.

Substance abuse treatment programs typically focus on reducing attitudes and actions that lead to continued substance dependence and do not always maximize opportunities to strengthen the protective factors that can promote sustained recovery. This article describes a co-occurring disorders residential treatment program for women and their children that enhanced its trauma-informed treatment model by adding supportive treatment components that emphasized protective knowledge and skills and helped build support systems. These protective factors included: (1) concrete support in time of need; (2) knowledge of parenting and child development; (3) social and emotional competence of children; (4) parental resilience; and, (5) social connections. The enhancement included implementing Celebrating Families! (CF!) and an improved integrated case management system that were well received by staff and clients. Evaluation data confirmed that those who took part in these interventions showed significant improvements in recovery, including reduced mental health symptoms, reduction in risk behaviors, and longer program retention.

Innovative Approaches

Allen, M., & Larson, J. (1998). *Healing the whole family: A look at family care programs*. Washington, DC: Children's Defense Fund. Retrieved from

<http://www.childrensdefense.org/library/data/healing-the-whole-family-family-care-programs.pdf>

Healing the Whole Family: A Look at Family Care Programs describes 50 family care programs around the country surveyed by the Children's Defense Fund (CDF). CDF examined programs that treat or serve families struggling with substance abuse, homelessness, domestic violence, and teen parenting—problems that, if not addressed, all too often bring families to the door of the child welfare system. In this study, we defined family care programs as those that allow parents (usually mothers) and children to live together in supervised living arrangements for extended periods.

Brown, S. H., Gilman, S. G., Goodman, E. G., Adler-Tapia, R., & Freng, S. (2015). Integrated trauma treatment in drug court: Combining EMDR therapy and seeking safety. *Journal of EMDR Practice and Research, 9*(3), 123-136.

Trauma and co-occurring substance use disorders are disproportionately prevalent in individuals involved in the criminal justice system. The Thurston County Drug Court Program (TCDCP) in Washington State conducted a preliminary study with 220 participants arrested for nonviolent,

felony drug-related crimes. All TCDCP participants were required to engage in a structured 12- to 18-month 3-phase program referred to as Program as Usual (PAU). Data was collected from 2004 to 2009 to investigate the efficacy of adding an 'Integrated Trauma Treatment Program' (ITTP) component for those endorsing a Criterion A trauma history (68% of TCDCP). The ITTP combined 2 empirically supported trauma therapies in a phased, integrated approach: mandatory Seeking Safety groups followed by voluntary, individual eye movement desensitization and reprocessing (EMDR) therapy. The investigators hypothesized that trauma-specific treatment might improve existing program outcomes, including higher graduation rates and lower post program recidivism. One hundred twelve of the initial 150 participants endorsing trauma completed the Seeking Safety groups and were offered individual EMDR therapy. Of those 112, those who selected EMDR therapy (n = 65) graduated at a rate of 91%; those who declined (n = 47) graduated at 57%. Recidivism rates also differed among TCDCP graduates: PAU, 10%; graduates selecting EMDR therapy, 12%; and graduates declining EMDR, 33%. This article summarizes the literature, describes the ITTP program, reports on graduation rates and recidivism outcomes, and discusses possible differences between those who selected and those who declined EMDR therapy. The authors discuss the benefits of including EMDR therapy in drug court programs with recommendations for future research. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Children and Family Futures. (2013). *Regional partnership grant (RPG) program: Final synthesis and summary report*. Washington, DC: Children's Bureau. Retrieved from https://www.ncsacw.samhsa.gov/files/Final_SSR.pdf

The Child and Family Services Improvement Act of 2006 (P.L. 109-288) was passed in response to parental substance abuse as a key factor underlying the abuse or neglect experienced by many children in the child welfare system. The law authorized and Congress appropriated \$145 million over five years for a new competitive grant program entitled, "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Use." Grants funded under this initiative-termed the Regional Partnership Grant (RPG) Program-supported states, tribes, and communities across the nation in developing regional partnerships "to provide, through interagency collaboration and integration of programs and services, services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse." In October 2007, the Children's Bureau, in the Administration for Children and Families, Department of Health and Human Services awarded 53 Regional Partnership Grants (RPGs) to applicants across the country. Data pertaining to twenty three performance indicators that address child welfare outcomes, substance abuse treatment outcomes, parent child relationships and family functioning, and regional partnership capacity were submitted twice yearly to the RPG web based reporting system. These performance indicators include child safety, permanency, and well-being; systems improvement; and treatment-related outcomes such as timeliness of treatment access, treatment completion, and parent's recovery.

Clark, S., McGuire, J., & Blue-Howells, J. (2014). What can family drug courts learn from veterans treatment courts? *Family Court Review*, 52(3), 417-424.

This article provides information on the Veterans Health Administration Veterans Justice Outreach program, and describe participants' family circumstances, social, and clinical characteristics. The authors make the link to why family dependency courts need to be aware of the needs of veterans to better serve them and their families.

Drabble, L. A., Jones, S., & Brown, V. (2013). Advancing trauma-informed systems change in family drug treatment court context. *Journal of Social Work Practice in the Addictions, 13(1), 91-113.* <http://dx.doi.org/10.1080/1533256X.2012.756341>

A growing body of literature documents the importance of trauma-informed and trauma-specific services and systems change in both addiction treatment and child welfare fields. The overall aim of this qualitative study was to explore barriers, benefits, and facilitating factors associated with a trauma-informed systems assessment and improvement initiative conducted in the context of a family drug treatment court (FDTC). Semi-structured in-depth interviews with 12 key informants and historical analyses of project documents over a 4-year time span were conducted. Results underscore the relevance of trauma-informed systems change in collaborative contexts designed to address the complex needs of children and families.

Edwards, L. (2013). Ethical issues in the family drug treatment court. *Juvenile & Family Court Journal, 64(1), 1-21.*

This article, written by a retired family drug court judge seeks to identify and discuss ethical issues facing juvenile court judges operating in FDTCs. The article provides an ethical framework, and hypothetical situations for judges to consider as examples.

Farley, M., Golding, J. M., Young, G., Mulligan, M., & Minkoff, J. R. (2004). Trauma history and relapse probability among patients seeking substance abuse treatment. *Journal of Substance Abuse Treatment, 27, 161–167.*

We estimated the prevalence of trauma history and relapse in a sample of 959 patients at two outpatient chemical dependence clinics of a managed healthcare organization. A large majority (89%) reported a history of at least one traumatic event. The most common traumatic events were serious accidents, being robbed, seeing someone killed or seriously injured, and partner violence. One third of the patients had a history of substance abuse disorder relapse. There were gender and ethnic differences in the types of traumatic events reported. There were ethnic differences in relapse rates, which were highest among African American and multicultural patients. The types of traumatic events reported differed in patients of various sexual orientations. Bisexual patients had the highest rates of relapse, even when trauma exposure was controlled. Clinical implications of the findings are discussed.

Fieldstone, L. (2014). Ensuring a place for family court services in the family court of the future: Do or die. *Family Court Review, 52(4), 627-631.*

This article is written from the context of budget cuts, and what essential services should be advocated for to remain a part of family courts. It provides examples from the Miami-Dade County FCS on lessons learned when faced with these decisions.

Hanson, K. E., Saul, D. H., Vanderploeg, J. J., Painter, M., & Adnopolz, J. (2015). Family-based recovery: An innovative in-home substance abuse treatment model for families with young children. *Child Welfare, 94(4), 161-183.*

Family-based in-home treatment can effectively meet the needs of mothers and fathers struggling with the dual challenges of substance abuse recovery and parenting infants and toddlers. This article describes one such program, Family-Based Recovery (FBR), which integrates substance abuse treatment for parents and infant mental health intervention with the goal of preventing child maltreatment and family disruption. Program design, implementation, and results are provided. Outcome data suggest that FBR is a promising model.

Hess, P. (2003). *Visiting between children in care and their families: A look at current policy.* New York: The National Resource Center for Foster Care and Permanency Planning. Retrieved from http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/visiting_report-10-29-03.pdf

This study reviews states' current policies and guidelines regarding visiting between children in care and their parents, siblings, extended family members, and others significant in the child's life. The content analysis of states' policies regarding visiting between children in care and their families indicates a wide variation in both the nature of requirements and in the degree of specificity of requirements. Some states' policies provide extensive guidance, discussing a range of issues related to visit planning, implementation, and evaluation. Other states' policies are brief, providing very limited guidance to agency staff, foster parents, families of children in care, and others. In addition, analysis indicates that when guidance is given in a particular area, such as visit location, states may emphasize different actions and priorities. This report provides detailed information regarding the study findings, excerpts from the responding states' policies that provide illustrations of clear and specific policy statement or that illustrate differing ways of addressing a content area, and recommendations concerning enhancement of the states' visiting policies.

Huebner, R. A., Posze, L., Willauer, T. M., & Hall, M. T. (2015). Sobriety treatment and recovery teams: Implementation fidelity and related outcomes. *Substance Use & Misuse, 50*(10), 1341-1350. <http://dx.doi.org/10.3109/10826084.2015.1013131>

Although integrated programs between child welfare and substance abuse treatment are recommended for families with co-occurring child maltreatment and substance use disorders, implementing integrated service delivery strategies with fidelity is a challenging process. This study of the first five years of the Sobriety Treatment and Recovery Team (START) program examines implementation fidelity using a model proposed by Carroll et al. (2007). The study describes the process of strengthening moderators of implementation fidelity, trends in adherence to START service delivery standards, and trends in parent and child outcomes. Qualitative and quantitative measures were used to prospectively study three START sites serving 341 families with 550 parents and 717 children. To achieve implementation fidelity to service delivery standards required a pre-service year and two full years of operation, persistent leadership, and facilitative actions that challenged the existing paradigm. Over four years of service delivery, the time from the child protective services report to completion of five drug treatment sessions was reduced by an average of 75 days. This trend was associated with an increase in parent retention, parental sobriety, and parent retention of child custody. Understanding the implementation processes necessary to establish complex integrated programs may support realistic allocation of resources. Although implementation fidelity is a moderator of program outcome, complex inter-agency interventions may benefit from innovative measures of fidelity that promote improvement without extensive cost and data collection burden. The implementation framework applied in this study was useful in examining implementation processes, fidelity, and related outcomes.

Huebner, R., Willauer, T., & Posze, L. (2012). The impact of sobriety treatment and recovery teams (START) on family outcomes. *Families in Society: The Journal of Contemporary Social Services, 93*(3), 196-203. <http://dx.doi.org/10.1606/1044-3894.4223>

Families with child maltreatment and parental substance use disorders are a growing population with complex needs. The Sobriety Treatment and Recovery Teams (START) is an integrated model that pairs child protective service workers with family mentors and partners with treatment providers. This is a prospective naturalistic evaluation comparing rates of adult sobriety and child placement in state custody using provider-collected data merged with state administrative data sets. All families in the served and comparison groups had equal risks to child safety. Mothers achieved sobriety at 1.8 times the rate of typical treatment; children were placed in state custody at half the rate expected. These results support START as an effective integrated program.

Johnson, D. F. (2011). Zero to three family drug treatment court. In J. D. Osofsky (Ed.), *Clinical work with traumatized young children* (pp. 269-292). New York, NY: Guilford Press.

On May 3, 2005, the Zero to Three Family Drug Treatment Court (0-3 FDTC) opened in the Separate Juvenile Court of Douglas County (Omaha), Nebraska, with a focus on improving outcomes for substance-abusing parents and their children from birth to age 3. This chapter traces the origins of the 0-3 FDTC, the philosophy supporting the program, the framework, and how and why the FDTC operates as it does. Because goals of FDTC are to help parents become sober and fit caretakers for their children, some people think FDTC is all about the parents. Some FDTCs focus primarily on the parents. However, Omaha's 0-3 FDTC gives equal attention to both parents and babies, and recognizes the rights of the parent and the baby to due process, fair hearings, and timely outcomes leading to reunification or other permanency, such as adoption. While research has not yet examined the efficacy of 0-3 FDTC, plans are under way to develop an evaluation for the program. To date, the qualitative data from the program indicate much success for babies and parents going through Omaha's 0-3 FDTC program. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Knudsen, K. J., & Wingenfeld, S. (2016). A specialized treatment court for veterans with trauma exposure: Implications for the field. *Community Mental Health Journal*, 52(2), 127-135. doi:10.1007/s10597-015-9845-9

This study examines the efficacy of providing a Veterans Treatment Court specialized docket to trauma-affected veterans. Eighty-Six veterans enrolled in a jail diversion and trauma recovery Veterans Treatment Court program. Veteran participants were interviewed at baseline, 6- and 12-months to determine if the program led to improvements in jail recidivism, psychiatric symptoms, quality of life, and recovery. The results suggest that veteran's involved in the Veterans Treatment Court programs experienced significant improvement in PTSD, depression, substance abuse, overall functioning, emotional wellbeing, relationships with others, recovery status, social connectedness, family functioning, and sleep.

Landers, A. L., & Danes, S. M. (2016). Forgotten children: A critical review of the reunification of American Indian children in the child welfare system. *Children and Youth Services Review*, 71, 137-147.

Reunification is the preferred permanency path experienced by children following out-of-home placement (Child Welfare Information Gateway, 2011, 2012). Emerging literature suggests a number of child, parent, family, and child welfare case characteristics predict the likelihood of reunification. However, research on the reunification of American Indians in child welfare system is limited. Given the unique historical and cultural context of American Indian families, a need exists to better understand what contributes to achieving permanency through reunification for these families. To develop a better understanding of reunification research, this article provides a critical review of the literature on predictors of reunification that is inclusive of American Indians. A search of the literature resulted in the inclusion of 17 articles. Findings suggest that although awareness of the factors associated with reunification for American Indian families is helpful, without consistent inclusion of child, parent, family, and case-related variables across statistical analyses, limited conclusions can be drawn. It is significant to note that a level that is not currently considered in literature is the tribe or band and what is done to assist the child in reunification from the tribal level.

Lloyd, M. H. (2015). Relationship-based justice for gender responsive specialty courts. *Journal of Sociology & Social Welfare*, 42(3), 113-135.

Family drug courts (FDCs) have existed in the U.S. since 1994. Since that time, dozens of studies have found evidence that FDCs improve child welfare outcomes compared to traditional dependency courts. The level of sophistication of this research has stalled, however, arguably because the theoretical foundations of the approach are underdeveloped. The social psychological theory of procedural justice can predict and explain outcomes in treatment courts better than

therapeutic jurisprudence. However, in light of evidence suggesting that gender impacts treatment court outcomes, procedural justice alone falls short as the mechanism of change in family drug courts, because women constitute the majority of FDC participants. To reconcile the empirical with the conceptual, concepts from Lind and Tyler's relational model of procedural justice are examined through the lens of the feminist relational cultural theory. Suggestions for continuing social work research into family drug courts are offered.

Lucero, N. M., & Bussey, M. (2012). A collaborative and trauma-informed practice model for urban Indian child welfare. *Child Welfare, 91(3), 89-112.*

Preventing the breakup of the American Indian family is the fundamental goal of the Indian Child Welfare Act (ICWA). However, few models exist to provide CPS workers and other practitioners with effective and practical strategies to help achieve this goal. This article presents a collaborative and trauma-informed family preservation practice model for Indian Child Welfare services with urban-based American Indian families. The model encompasses both systemic and direct practice efforts that assist families facing multiple challenges in creating a nurturing and more stable family life. System-level interventions improve the cultural responsiveness of providers, encourage partnerships between CPS and community-based providers, and support ICWA compliance. Direct practice interventions, in the form of intensive case management and treatment services, help parents/caregivers become more capable of meeting their own and their children's needs by addressing challenges such as substance abuse, trauma and other mental health challenges, domestic violence, and housing instability. Evaluation of the practice model suggests that it shows promise in preventing out-of-home placement of Native children, while at the same time improving parental capacity, family safety, child well-being, and family environment.

Lucero, N. M., & Bussey, M. (2015). Practice-informed approaches to addressing substance abuse and trauma exposure in urban Native families involved with child welfare. *Child Welfare, 94(4), 97-117.*

Similar to families from other groups, urban-based American Indian and Alaska Native ("Native") family members involved with the child welfare system due to substance abuse issues are also often challenged by untreated trauma exposure. The link between these conditions and the history of genocidal policies aimed at destroying Native family ties, as well as experiences of ongoing discrimination, bring added dimensions for consideration when providing services to these families. Practice-based evidence indicates that the trauma-informed and culturally responsive model developed by the Denver Indian Family Resource Center (DIFRC) shows promise in reducing out-of-home placements and re-referrals in urban Native families with substance abuse and child welfare concerns, while also increasing caregiver capabilities, family safety, and child well-being. This article provides strategies from the DIFRC approach that non-Native caseworkers and supervisors can utilize to create an environment in their own agencies that supports culturally based practice with Native families while incorporating a trauma-informed understanding of service needs of these families. Casework consistent with this approach demonstrates actions that meet the Active Efforts requirement of the Indian Child Welfare Act (ICWA) as well as sound clinical practice. Intensive and proactive case management designed specifically for families with high levels of service needs is a key strategy when combined with utilizing a caseworker brief screening tool for trauma exposure; training caseworkers to recognize trauma symptoms, making timely referrals to trauma treatment by behavioral health specialists experienced in working with Native clients, and providing a consistent service environment that focuses on client safety and worker trustworthiness. Finally, suggestions are put forth for agencies seeking to enhance their cultural responsiveness and include increasing workers' understanding of cultural values, worldview, and historical issues;

working from a relational perspective; listening deeply to families' experiences; and being open to incorporating traditional healing and cultural practice into service plans.

Marlowe, D. B., Wakeman, S., & Rich, J. D. (2016). *Increasing access to medication-assisted treatment for opioid addiction in drug courts and correctional facilities and working effectively with family courts and Child Protective Services*. Retrieved from <http://www.aatod.org/wp-content/uploads/2016/10/white-paper-3.doc>

This is the third of three policy papers that the American Association for the Treatment of Opioid Dependence (AATOD) has developed for the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services. The aim of these three policy papers is to provide a blueprint for more innovative and integrated service delivery for opioid treatment programs (OTPs) and authorized prescribers under the Drug Addiction Treatment Act of 2000 (DATA 2000), which primarily use buprenorphine to treat opioid addiction. This paper describes opportunities for OTPs and authorized prescribers under DATA 2000 to work with drug courts, correctional facilities, probation and parole offices, and family courts and Child Protective Services (CPS). It provides effective strategies to achieve challenging goals at a time when opioid abuse and addiction has increased sharply throughout the United States.

Nesmith, A. (2013). Parent-child visits in foster care: Reaching shared goals and expectations to better prepare children and parents for visits. *Child and Adolescent Social Work Journal*, 30(3), 237-255. doi: 10.1007/s10560-012-0287-8

This study presents descriptive findings from a project designed to understand different perspectives about family visits, to pilot a guidebook tool to help participants reach shared goals, and implement best practices. A sample of 133 parents, children, foster parents, and social workers reported their reactions to the tool. Findings revealed that, depending on the role played in visits, there was variation in perceived goals of visits and ideas about handling difficult visits. After using the tool, parents reported feeling better able to manage their emotions during visits, children reported believing their feelings about visits were more normal, and foster parents were more open to discussing parent no-shows with children. Implications for practice are discussed.

Olsen, L. J., Laprade, V., & Holmes, W. H. (2015). Supports for families affected by substance abuse. *Journal of Public Child Welfare*, 9(5), 551-670. doi: 10.1080/15548732.2015.1091761

Using an in-home services program model, Project Connect works collaboratively with the child welfare system, substance abuse treatment providers, the courts, and other community agencies to support parental recovery, enhance safety and permanency, and strengthen family relationships. Results from the most recent evaluation of the program, which used a dosage level design to examine project outcomes for 415 families, are presented here. Data indicate that the program was particularly helpful in strengthening parenting capacity. Child safety and permanency were also positively correlated with program participation.

Powell, C., Stevens, S., Dolce, B.L., Sinclair, K.O., & Swenson-Smith, C. (2012). Outcomes of a trauma-informed arizona family drug court. *Journal of Social Work Practice in Addictions*, 12(3), 219-241. doi: 10.1080/1533256X.2012.702624

This study examines outcomes including AOD use, mental health, education and employment involvement, housing stability, and reunification of 121 FDC participants who completed baseline and 6-month post-baseline self-report assessments. At follow-up, AOD use remained low and mental health problems had decreased. Engagement in employment and education increased, as did housing stability. This study suggests that the Pima County FDC model might be effective for working with parents battling substance abuse. Adapted from the source document.

Rivera, M., Sullivan, R. (2015). Rethinking child welfare to keep families safe and together: Effective housing-based supports to reduce child trauma, maltreatment recidivism, and re-entry to foster care. *Child Welfare, 94*(4), 185-204.

Large numbers of children who are placed in child protective custody have parents with a substance use disorder. This placement occurs despite evidence that the trauma of removal is associated with poor long-term child outcomes. This article describes a collaborative model of a continuum of housing-based clinical and support services for the whole family that has safely reduced foster care placement. An external evaluation of this pilot in Jackson County, Oregon, found significant differences in subsequent maltreatment, foster care re-entry, and family permanency outcomes favoring the treatment group. After initial external grant funds, this program is continuing and expanding across Oregon due to state legislation, and funding and can be a model for other states.

Rockhill, A., Furrer, C. J., & Duong, T. M. (2015). Peer mentoring in child welfare: A motivational framework. *Child Welfare, 94*(5), 125-144.

Peer mentoring interventions for parents with substance use disorders who are involved with the child welfare system are relatively new, complex, individualized interventions and thus need to be understood both in regard to program efficacy and the processes of how they work. This qualitative study of the experiences of parents involved in a parent mentoring program suggested that certain practices helped motivate parents to think and act in ways that supported their goals and child welfare case plans. The three key mentoring practices that emerged were building caring relationships, providing guidance, and putting parents in charge. These practices promoted parents' positive self-beliefs (e.g., worthy of connection, competence), which helped motivate them to participate in services, cope constructively with difficulties, and more effectively manage behaviors and emotions. Drawing on Self-Determination Theory and Basic Psychological Needs Theory (BPNT) in particular, we propose a motivational framework for understanding how peer mentoring facilitates, or undermines, parents' motivation and results in their making progress on various aspects of their child welfare case. Implications for using the motivational model in future program development and evaluation efforts are discussed.

Rodi, M. S., Killian, C. M., Breitenbucher, P., Young, N. K., Amatetti, S., Bermejo, R., & Hall, E. (2015). New approaches for working with children and families involved in family treatment drug courts: Findings from the children affected by methamphetamine program. *Child Welfare, 94*(4), 205-232.

This is a descriptive study of the Children Affected by Methamphetamine (CAM) grant program, a federally funded effort to improve outcomes through the addition of targeted interventions for 1,940 families, including 2,596 adults and 4,245 children involved in 12 diverse Family Treatment Drug Courts (FTDCs) located across six U.S. states. The majority were children of parents with a primary methamphetamine use disorder. Findings reflect grantees' reporting on 18 performance indicators of child safety and permanency, adult recovery, and family well-being. Additional information gleaned from grantees' biannual reports provides insights about program implementation. Results, drawn from this large and complex dataset, indicate that comprehensively addressing families' needs is associated with better outcomes than those experienced by similarly situated families in grantees' communities and the nation overall. In addition to describing common program components and outcomes, this article presents important lessons learned about implementing evidence-based children's services in the FTDC context, as well as future directions for research and evaluation in this arena.

Shdaimah, C., & Summers, A. (2014). Families in waiting: Adult stakeholder perception of family court. *Children and Youth Services Review, 44*(1), 114-119.

The results presented in this article focus on the perspectives of adults involved in family court cases surveyed on three domains 1) whether adults understood what was happening in court; 2) whether adults felt they had a voice in the proceedings and 3) whether they felt they received fair treatment. The results of the survey and the study show that courts should do a better job at developing an environment where people can function and participate optimally in their cases. These include diminishing humiliating and dehumanizing conditions, clear signage, friendly reception, sufficient seating, and making the buying of snacks for children available.

Somervell, A.M., Saylor, C., & Mao, C.L. (2005). Public health nurse interventions for women in a dependency drug court. *Public Health Nursing, 22(1), 59-64.*

There is an increasing number of children placed in foster care due to abuse and neglect. Parents of these children often have difficult drug abuse problems leading to the removal of their children. The cost of caring for these children is staggering, reaching an estimated \$24 billion. One program in Northern California that has been created to assist parents is dependency drug court. This research utilized qualitative and quantitative data to identify the perceived needs of women who have graduated from this dependency drug court (n = 50) and what they think the public health nurse (PHN) could do to intervene in the difficult process of going through dependency drug court and reunifying with their children. Two main themes emerged from select interviews with former drug court recipients who were functioning as "mentor moms" (n = 4). Common barriers contributed to stress during recovery, and specific strategies promoted reunification and program success. Among strategies recommended by the mentor moms was a suggestion for PHNs to bridge the information gap through regular reports on the development and health of their children during the time they reside in foster care.

Sparks, S., Risch, R., & Gardner, M. E. (2011). *¡Celebrando Familias! An innovative approach for Spanish speaking families at high risk for substance abuse disorders.* Retrieved from http://www.celebratingfamilies.net/PDF/evaluationReport_2011.pdf

This study evaluated the ¡Celebrating Families! (CF!) program in Spanish-speaking populations, the curriculum was translated into Spanish, culturally adapted and piloted at three different sites: Latino Community Development Center (LCDA) Oklahoma City, OK; EMQ-Families First (Dorsa Elementary School) San Jose, CA; and Mexican American Community Services Agency (MACSA) Collaborative in Gilroy CA. Results were consistent with the findings of the English version. Adults reported significant satisfaction with the program. Results were consistent with the LutraGroup (2007) findings for English speakers with parents also indicating significant impact on family organization, cohesion, communication, conflict solving, strengths and resilience; positive parenting, parent involvement, improvement in parenting skills, and alcohol and drug use reduction. Group leaders for youth observed very significant positive changes with 96-99% confidence levels. Youth were highly satisfied with the program but not as strongly positive as were adults and youth group leaders. Cognitive scores for the factual material were lower for youth than for adults. Additionally, an unexpected finding was the program's effectiveness as a primary prevention program at Dorsa Elementary School, one of the pilot sites. At this site five families were referred from Dependency Drug Courts. The additional 16 families voluntarily participated after learning of the program from the Dorsa school principal. These families were from a high risk community but without identified substance abuse problems.

van Wormer, J., & Hsieh, M. L. (2016). Healing families: Outcomes from a family drug treatment court. *Juvenile and Family Court Journal, 67(2), 49-65.* doi: 10.1111/jfcj.12057

Family drug treatment courts (FDTC) have been acknowledged as a promising intervention for substance-abusing parents involved in the child welfare system. Over the past decade, the number of FDTC programs has grown substantially, yet questions remain regarding the efficacy of these courts. This study examines the ability of the Snohomish County (WA) FDTC to address the

three main goals of the Adoption and Safe Families Act. Utilizing propensity score matching, this study found that participants were more likely to have their children returned, experienced stronger treatment completion rates, and had less use of foster care. Implications for replication and further analysis are discussed.

Judicial Perspectives

Belenko, S. (2000). The challenges of integrating drug treatment into the criminal justice process. *Albany Law Review*, 63, 834-838.

Examines the impact of the enforcement of anti-drug laws and the consequences of drug abuse and addiction on the criminal justice system of the United States. Discussion on drug-involved offenders; Explanation on drug treatment given to offenders; Intervention points for criminal justice-based treatment.

Beliveau, J. B., & Ryan, A. (2014). Family treatment drug courts: A perspective from Lewiston, Maine. *Criminal Law Practitioner*, 2(1), 128-136.

This editorial provides a brief overview of the implementation and success of Family Treatment Drug Courts in Maine. Specifically, it focuses on the procedures of the Family Treatment Drug Court in Lewiston, Maine - one of the first drug courts in the state.

Bolt, R. & Singer, A. (2006). Juristocracy in the trenches: Problem-solving judges and therapeutic jurisprudence in drug treatment courts and unified family courts. *Maryland Law Review*, 65(1), 82-99.

This article explores the role of judges on two types of "problem-solving courts": drug treatment courts and unified family courts. It compares the behavior these "problem-solving" judges to more traditional models of judicial behavior and to activist judging at the appellate level. The authors conclude that the judges who serve on these problem-solving courts have largely repudiated the classical judicial virtues of restraint, disinterest and modesty in favor of a more activist and therapeutic stance. However, the causes and consequences of this role-shift are complex. In particular, the authors suggest that the proliferation of problem solving courts and judges is not primarily a "trickle-down" effect of activist judging at the appellate level; rather, these developments are a response to powerful political and institutional forces outside the judicial system. Legal scholars who seek to understand "juristocracy in the trenches" should therefore broaden their analytic focus to include the ways in which these institutional forces shape the behavior of state trial court judges.

California Supreme Court bars jailing parents for treatment non-compliance. (2009). *Alcoholism & Drug Abuse Weekly*, 21(14), 3-3.

The article discusses a court case wherein a parent cannot be put to prison for not complying with substance abuse treatments. A ruling from the California Supreme Court allows parents to regain custody of their children without attending ordered treatments. According to Judge Carol Corrigan, parents cannot be forced by the court in participating in such treatments. Prior to the ruling was a woman's release after the termination of her parental rights when her child was positive for methamphetamine.

Cannavo, J. M., & Nochajski, T. H. (2011). Factors contributing to enrollment in a family treatment court. *The American Journal of Drug and Alcohol Abuse*, 37(1), 54-61. doi: 10.3109/00952990.2010.535579

This study evaluated FTC enrollment to identify predictors that may aid in the development of interventions to decrease refusal rates. A total of 229 referrals to the FTC were included in this

study. Comparisons were made across a number of factors between those who chose to enroll in the FTC and those who did not. Binary logistic regression modeled the effect of independent variables on the probability of enrollment. There were high rates of mental health problems, with high rates of trauma exposure in the sample, consisting mostly of females. Race, government assistance, severity of substance use problems, motivation to change substance use behavior, and parent-child interactions were significant predictors of enrollment. The results for the study point out the need for possible specialized treatments and a need to consider how motivational elements may be addressed during the intake assessment to aid in decreasing refusal rates. Additionally, the results point toward a need for consideration of family system approaches when working with FTC participants as well as the need for further work with motivational elements and drug court participants.

Edwards, L. (2010). Sanctions in family drug treatment courts. *Juvenile and Family Drug Treatment Court Journal*, 61(1), 55-62.

We all know that sanctions and rewards are essential parts of the success of Family Drug Treatment Courts (FDTC), but no one is clear about what these sanctions and rewards should be. Each local court has its own set of sanctions and rewards, many borrowed from criminal drug courts, some created by available resources within the community. Now the California Supreme Court has made the decision about sanctions more complex with its decision in *In re Nolan W.* holding that imprisonment cannot be used as a sanction in the FDTC. What are permissible sanctions in an FDTC? After *In re Nolan W.*, are fines or community service permissible? What about a reduction in visitation? What guidance has the California Supreme Court given trial courts in these areas? This article will try to bring some clarity to these questions and also offer a framework for trial courts to consider regarding the most effective use of sanctions in FDTCs. The article concludes that imprisonment is an unnecessary sanction in FDTCs, and that sanctions in these courts should be guided solely by treatment considerations.

Edwards, L. (2014). *Family drug courts: A best practice that works*. Retrieved from http://jpo.wrlc.org/bitstream/handle/11204/3976/Family%20Drug%20Courts_A%20Best%20Practice%20that%20Works.pdf?sequence=3

This article describes the family drug court model from the perspective of a retired judge. He illustrates the positive impact of FDCs on dependency cases and provides information on starting an FDC.

Edwards, L. P., & Ray, J. A. (2005). Judicial perspectives on family drug treatment courts. *Juvenile and Family Court Journal*, 56(3), 1-27.

Family Drug Treatment Courts are a specialized calendar or docket that operates within the juvenile dependency court. These courts provide the setting for a collaborative effort by the court and all the participants in the child protection system to come together in a non-adversarial setting to determine the individual treatment needs of substance-abusing parents whose children are under the jurisdiction of the dependency court. This article is intended to give judges and others a judicial perspective on FDTCs, and to offer some assistance for those who are operating or who are considering creating one.

Knowlton, N. A. (2015). The modern family court judge: Knowledge, qualities, and skills for success. *Family Court Review*, 53(2), 203-216. doi:10.1111/fcre.12144

Family court judges deserve great respect. They make significant decisions affecting our nation's families, yet these judges are often undervalued, even by their peers on the bench. And there is insufficient acknowledgement of the broad expertise required to do the job well. This publication aims to change this by drawing attention to the special knowledge, qualities, and skills that these

judges need to be successful—and hopefully reprioritizing and revaluing their role in the legal system. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Kuhn, J. A. (1998). Seven-year lessons on unified family courts: What we have learned since the 1990 national family court symposium. *Family Law Quarterly*, 32(1), 67-93.

In October 1990, the National Council of Juvenile and Family Court Judges conducted "a first of its kind" symposium that addressed the topic of unified family courts. Teams of three to five judges, court professionals, legislators, and service providers from over twenty states attended the program to identify and offer to state courts a series of recommendations for implementation of a model family court. The product of this symposium, Recommendations for a Model Family Court, I also known as the "Redbook," has been heavily relied upon during the last seven years by persons all over the country who have sought to improve the justice system's response to children and families by creating a unified family court.

Lens, V., Katz, C. C., & Suarez, K. S. (2016). Case workers in family court: A therapeutic jurisprudence analysis. *Children and Youth Services Review*, 68, 107-114. doi: 10.1016/j.childyouth.2016.06.027

This study explores interactions between judges and caseworkers in child maltreatment cases. We examined the extent to which judges demonstrated therapeutic jurisprudence principles (TJ) in their courtroom interactions in light of past findings linking such practices with positive outcomes. Ninety-four child maltreatment proceedings were observed over a one-year period between 2012 and 2013. We found that while some judges created respectful, empathetic, and supportive environments that included caseworkers, other interactions were more negative. Although caseworkers had the most knowledge of, and experience with families, their participation was limited, and conversations were often directed through the attorneys. Shaming rituals also occurred, with judges criticizing workers for the quality of their work, the slowness of the bureaucracy, and other deficiencies. The findings highlight the importance of applying the principles of TJ to all court actors, especially in the family court milieu, where courtrooms are populated by a team of professionals who share the common goal of rehabilitating families when appropriate. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Meyer, A. S., McWey, L. M., McKendrick, W., & Henderson, T. L. (2010). Substance using parents, foster care, and termination of parental rights: The importance of risk factors for legal outcomes. *Children and Youth Services Review*, 32(5), 639-649.

Using mixed methods, we compared appellate court foster care cases where parents' rights were terminated to those in which decisions to terminate parental rights were reversed or remanded to better understand the experiences of parents struggling with alcohol and drug use. A content analysis of 60 cases was conducted; 30 cases in which parental rights were terminated, and 30 where decisions to terminate parental rights were overturned or remanded to the lower court. Parents whose rights were terminated were more likely to have mental health problems and experienced incarceration. In addition, when a composite score of risk factors was analyzed, parents whose rights were terminated had significantly more risk factors. For both groups, poverty was an equally common risk factor. Implications include universal assessments for alcohol and drug abuse for parents involved in the child welfare system and timely referrals to appropriate treatment. Further, collaboration between mental health providers, substance use treatment programs, and caseworkers to address the integration of potential risk factors may help promote successful outcomes for parents whose children are in foster care.

Wood, S. M., Summers, A., & Soderman Duarte, C. (2016). Legal representation in the juvenile dependency system: Travis county, texas' parent representation pilot project. *Family Court Review*, 54(2), 277-287. doi:10.1111/fcre.12218

This study examines outcomes related to a parent representation pilot program in Travis County, Texas. Participation in the pilot program was related to earlier attorney appointment, a higher percentage of attorney presence across the life of the case, and a higher percentage of permanent outcomes for children. Parents' percentage of presence at hearings across the life of the case was related to the child being returned home, dismissal of the juvenile dependency petition, and permanent management conservatorship. Early attorney appointment (i.e., less than 10 days from the initial hearing to full appointment) was related to permanent case outcomes. Key Points for the Family Court Community: 1. Early appointment of counsel for parents is related to more permanent outcomes for children. 2. Increasing parents' presence at hearings is beneficial to case outcomes.