

Abilene Christian University

Digital Commons @ ACU

Electronic Theses and Dissertations

Electronic Theses and Dissertations

Spring 5-2016

Parental Substance Use and the Need for Family Dependency Treatment Court in Taylor County

Rebekah Rich

Abilene Christian University, rsr11b@acu.edu

Follow this and additional works at: <https://digitalcommons.acu.edu/etd>



Part of the [Criminology and Criminal Justice Commons](#), [Family Law Commons](#), [Family, Life Course, and Society Commons](#), and the [Social Work Commons](#)

Recommended Citation

Rich, Rebekah, "Parental Substance Use and the Need for Family Dependency Treatment Court in Taylor County" (2016). Digital Commons @ ACU, *Electronic Theses and Dissertations*. Paper 21.

This Thesis is brought to you for free and open access by the Electronic Theses and Dissertations at Digital Commons @ ACU. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Digital Commons @ ACU.

ABSTRACT

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

Parental Substance Use and the Need for Family Dependency
Treatment Court in Taylor County

A Thesis

Presented to

The Faculty of the Graduate School

Abilene Christian University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science in Social Work

By

Rebekah Susan Rich

May 2016

This thesis is dedicated to the professors of the School of Social Work program at Abilene Christian University. The lives you have touched are numerous and the impact you have made cannot be measured. Thank you for all you have done for the program, its students, and the field of Social Work. You are changing the world one student at a time.

ACKNOWLEDGEMENTS

I would like to acknowledge Alana Maddox for providing the idea to explore parental substance use as well as the intervention of Family Dependency Treatment Courts. Without your guidance and insight, I would not have known about FDTCs and hold the desire to learn more about this vulnerable population.

TABLE OF CONTENTS

LIST OF TABLES	iv
LIST OF FIGURES	v
I. INTRODUCTION	1
Prevalence of Child Abuse in Taylor County and in Texas.....	1
Parental Substance Abuse and Child Abuse	3
Attempts to Address Parental Substance Abuse in Child Welfare Cases	3
II. LITERATURE REVIEW	6
Child Welfare and Substance Use.....	6
The Problem with Substance Use	7
Impact of Parental Substance Abuse on Children.....	10
Impact on Reunification and Child Welfare	12
Cost of Parental Substance Use	14
Incarceration of Substance-Using Parents	14
Current Practices in Child Welfare Systems.....	15
Family Dependency Treatment Court.....	17
Effectiveness of FDTCs	22
Cost Savings of FDTCs	24
Research Questions.....	25
III. METHODOLOGY	27
Measurement.....	27

Design and Data-Collection Methods.....	28
Participants.....	28
Procedures.....	28
Data Protection.....	29
Data Analysis	29
Potential Risks and Benefits	29
Assumptions and Limitations	30
IV. RESULTS	31
Impact of Parental Substance Abuse in Taylor County Child Welfare Services...32	
Effect on the System.....	33
Effect on Children.....	34
Effect on Recidivism.....	34
Knowledge and Opinions Regarding Treatment Options.....	35
Knowledge and Opinions regarding FDTC	37
Knowledge of FDTC.....	37
Usefulness of FDTC in Taylor County	37
Additional Resources	37
Cost-Benefit of FDTC.....	38
Summary of Findings.....	38
V. DISCUSSION	40
Question 1	40
Question 2	41
Question 3	42

Question 4, 5, and 6	43
Implications for Practice	45
Implications for Policy.....	46
Limitations and Future Research	47
Conclusion	48
REFERENCES	50
APPENDIX A: IRB APPROVAL LETTER	60
APPENDIX B: INTERVIEW PROTOCOL.....	61
APPENDIX C: INFORMED CONSENT.....	63

LIST OF TABLES

1. Impact of Parental Substance Abuse in Taylor County Child Welfare Services.....34

2. Knowledge and Opinions Regarding Family Dependency Treatment Court38

LIST OF FIGURES

1. Current Taylor County process of child welfare cases involving a parent identified as having substance abuse issues	32
2. Participant identified areas needing improvement.....	35
3. Participant responses for suggested improvements for treating parental substance use in Taylor County	36

CHAPTER I

INTRODUCTION

Between the years of 2005 and 2006, approximately 1.25 million US children experienced neglect (61%) or physical abuse (includes sexual abuse) (44%) (Sedlak et. al, 2010). In 2014, in the state of Texas, 17,378 children were removed from their homes because of suspected child abuse or neglect (Texas Department of Family and Protective Services [DFPS], 2015). In Taylor County, in 2014, there were 907 confirmed cases of child abuse or neglect (DFPS, 2015). Research and practice wisdom also indicates that substance abuse is, more often than not, a key variable in precipitating child abuse and in decisions to remove a child (Moore, Barrett, & Young, 2012). This paper will review research relating to the association between child abuse and parental (in this paper, parental includes guardians) substance abuse. In particular, the paper will document the association between substance abuse and child abuse and review literature related to treatment of parents, accused of child abuse, who have substance use disorders.

Prevalence of Child Abuse in Taylor County and in Texas

The DFPS data book shows that Taylor County has a higher rate of child abuse than does the nation. Taylor County also has the highest prevalence rate in the state for confirmed child abuse and neglect cases. According to DFPS (2015), the child population for Taylor County in 2014 was 131,517. For the fiscal year of 2014, DFPS served 9,119 alleged victims of child abuse and neglect, and 2,721 of those cases were confirmed victims. In total, 29.8% of Taylor County cases of child abuse and neglect were

confirmed. In 2014, 28,523 children were in DFPS substitute care, with 16,961 in foster care and 11,562 in other types of substitute care. Since 2010, the number of children removed from their homes as a result of an investigation performed by DFPS has risen from 11,266 in 2010 to 13,175 in 2014. A total of 17,378 children were removed from their homes within the span of a year.

Of the 16,912 children who left DFPS custody, only 5,192 were reunited with their families. On average, a child's length of stay in state care in Taylor County is 14.6 months for family reunification and 30.9 months for adoption. A child who is placed in DFPS custody and remains in long-term care to emancipation has an average stay of 55.3 months, or almost five years. There were eight confirmed fatalities in Taylor County as a result of child abuse or neglect (DFPS, 2015).

Texas uses a point system for reporting child abuse prevalence rates. Points refer to the ratio of child abuse cases to children in the population (e.g., a 1 would indicate 1 abused child per 1,000 children in the population). Compared to the statewide rate of 3.8 in 2014, the city of Abilene held 5.7-point prevalence. Of children entering substitute care within the fiscal year of 2014, the city of Abilene held a 3.3-point prevalence compared to the statewide point prevalence of 2.4. According to these numbers, Abilene's prevalence of children in substitute care and children entering substitute care within the year is well above the statewide prevalence (DFPS, 2015). The total expenditure on child welfare by the state of Texas, in the fiscal year of 2014, was almost \$4 million, with \$1.6 million paid by the state and \$2.3 million paid by the Title IV-E Foster Care Program (DFPS, 2015).

Parental Substance Abuse and Child Abuse

Many factors influence child abuse and neglect, including poverty, low socioeconomic levels, learned patterns of behavior, domestic violence, and personal mobility that results in a loss of support systems (Office of Justice Programs, 2004). National estimates indicate that substance abuse is a factor in more than half of all child abuse cases. Many suggest that substance abuse by parents or guardians is the primary cause of child abuse and neglect (Moore et al., 2012). Parental substance use creates an unstable environment for children (Knoll and Taylor, 2003). Substance use by a parent or guardian impacts children physically, emotionally, and psychologically. When the environment becomes unsafe, children are often removed from their parents' care by Child Protective Services and placed in state custody. Across the country, nearly 80% of foster care children are removed from their homes as a result of substance-abusing or substance-dependent parent(s) (Taylor, 2011; Worcel, Furrer, Green, Burrus, & Finigan, 2008).

Attempts to Address Parental Substance Abuse in Child Welfare Cases

In the past two decades, judicial systems have searched for a more comprehensive form of action to address the growing number of cases inundating the child welfare system. Researchers continue to study the many causes of increased child abuse and neglect across the nation. Several studies show the primary cause of escalated child abuse and neglect is substance use and addiction (The National Drug Court Institute, 2004; Worcel, Furrer, Green, Burrus, & Finigan, 2008). The nation's battle against substance use and addiction is evident in the local community as well. In a recent news report, the police chief of Abilene describes the current state of the local community, stating,

“Abilene is leading the state for forceful removal of children from homes [by Child Protective Services] because there's a direct nexus with drugs” (Grobe, 2015). In order to decrease the growth of child welfare cases in society and the local community, researchers believe there is a need to address the source: parental substance use.

For child welfare agencies to make a positive impact on families struggling with child abuse, neglect, and parental substance use, understanding the complexity of child welfare cases is essential (Knoll & Taylor, 2003). Research has suggested the need for understanding child welfare cases on three levels: the children’s needs, the parents’ needs, and the context and environment. Addressing children’s needs through increased understanding and awareness of parents’ needs and the impact they have on their parenting capacity is vital for success in child welfare services. Recognizing the influence of circumstances in which families are bringing up children and working towards bettering the environment in which they live can also ensure success. For child welfare agencies to make a positive impact on families struggling with child abuse, neglect, and parental substance use, addressing and meeting the needs of all three levels increases the potential of prosperity (Knoll & Taylor, 2003).

Addressing the issues parents struggle with through child welfare services allows for a greater opportunity of reunification and the ability to provide a stable and safe environment for children. As family reunification is the top priority during the initial 6 months of child welfare service, offering parents high quality services aimed at tertiary prevention of substance abuse can possibly make reunification safer for children. Parents’ outcomes are directly affected by the services they receive in agencies involved in child

welfare cases (Worcel, Furrer, Green, Burrus, & Finigan, 2008; Brook, McDonald, Gregiore, Press, & Hindman, 2010).

In child welfare court cases, many services are accessible to parents and children, including counseling, drug and alcohol meetings, drug testing, parenting classes, and psychiatric care. In Taylor County, these services are only available during the time the case is active within the legal system, typically between 12 and 18 months. For parents with substance use issues, these services fail to address the parent's need for extended support, however, to achieve and maintain sobriety. Substance use and dependency must be treated with intensive rehabilitation and services to create momentum for successful sober living. The current services provide little hope for establishing sobriety in parents with children in the child welfare system. Spending resources necessary to address substance abuse issues with parents, using an evidence-supported strategy, may potentially increase the possibility of reunification and establish permanency for families in the system (Choi, 2012).

In order to reach family reunification, decrease recidivism of families in the court system, and lower the impact of parental substance abuse, an intensive form of treatment is necessary and important. As key individuals in child welfare cases, parents are in need of services to benefit the lives of their families and futures. When intensive substance use rehabilitation programs are offered to parents, in conjunction with family court, the probability of parents reuniting with their children and remaining out of the child welfare system is considerably improved (National Drug Court Institute, 2004; Taylor, 2011).

CHAPTER II

LITERATURE REVIEW

The gathering of literature was completed using Abilene Christian University's Library OneSearch database to search for articles, journals, and academic books applicable to this study. The Google search engine was also be utilized to find articles and journal pieces referenced in previously gathered articles and books. Each academic article or journal was peer-reviewed. Journals in the following disciplines were used in this study: social work, psychology, child welfare, adolescent psychology, substance use, addiction, child abuse and neglect, judicial process, and human services. Keywords used in the search engine included the following: drug court, effectiveness of drug courts, treatment of substance abuse, substance use, substance abuse, parental addiction, parents with substance use disorders, parental substance use and the child welfare system, Family Dependency Treatment Court, effectiveness of family dependency treatment courts, use of family dependency treatment court in child welfare, outcome of children with substance-using parents, impact of family substance use, impact of parental substance use, what is family dependency treatment court, alternative treatment of parental substance use, reunification of parents with substance use disorders.

Child Welfare and Substance Use

Today, many family courts are overwhelmed with child abuse and neglect cases, leading researchers, judicial officers, and child welfare agencies to search for ways to decrease the growing pandemic. Having identified parental substance use disorders as the

leading cause for child abuse and neglect, understanding substance use disorders and finding interventions for parents has become a focus of family courts. Studies show that children of parents with substance use problems remain in the foster care system longer (Worcel, Furrer, Green, Burrus, & Finigan, 2008). In addition, studies indicate that parents with substance use problems have a lower probability of being reunited with their children.

Parents battling such disorders often put the needs of their own alcohol or drug dependency ahead of the welfare of their families (Worcel et al.). Their parenting is often inconsistent, chaotic, and unpredictable (Lucero, 2012; The National Drug Court Institute, 2004; Tisch, 2012). In many situations, child welfare workers and agencies step in to remove the child from the home and place him or her into foster care. Once a child is under the protection of the state, the rehabilitation of parents with substance use problems becomes a significant hurdle in his or her path out of the child welfare system. The result is that court systems remain overwhelmed by open cases. Experts believe drug or alcohol treatment should be required in addition to other services for the family when substance use is identified in a parent (U.S. Government Accountability Office [GAO], 1997).

The Problem with Substance Use

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) defines substance use disorders on a continuum of mild, moderate, and severe. It occurs “when the continual use of alcohol and/or drugs causes clinically significant impairment in social, occupational, or interpersonal functioning” (e.g., health problems, disability, and failure to meet major responsibilities

at work, school, or home). A diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria that includes alcohol use, cannabis use, stimulant use, opioid use, and hallucinogen use (*5th ed.*; *DSM-5*; American Psychiatric Association, 2013; Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). The most commonly used legal substances impacting family life are alcohol and other central nervous system depressants, including prescription pain medications such as Oxycodone. The most widely used substance (legal and illegal) continues to be alcohol with 17 million people reporting to be heavy drinkers and 57 million reporting to be binge drinkers (Taylor, 2011).

Leading researchers have demonstrated drug addiction is as much a health problem as it is a social problem. Dr. Nora Volkow from the National Institute on Drug Abuse described the need to shift “the problem of drug abuse and addiction from the legal (or moral) sphere to that of science and medicine, where it properly belongs, [as] a crucial step toward successfully tackling the problem” (Volkow, 2014). If addiction is understood in the medical field as a disease, yet the legal field prescribes punishment as the treatment, there is a logical inconsistency among systems (Lucero, 2012; Stanford, 2012). Logical interventions would focus on bio-psychosocial aspects of substance use disorders.

In addition to the numerous negative physiological consequences of substance use disorders, ability to function in familial, social, and occupational roles frequently suffers greatly. Such problems as domestic violence, depression, anxiety, HIV, AIDS, and a host of other medically and psychologically related issues are commonly associated with substance use disorders, emphasizing the need for comprehensive and client-centered

treatment (Taylor, 2011). “Addiction does not begin and end with the abuser; it sends shock waves through an entire family unit. The reach of substance abuse also extends to schools, communities, health and welfare agencies, justice systems, and society at large” (The National Center on Addiction and Substance Abuse at Columbia University [CASA], 2005).

Research indicates that many persons with substance use disorders commonly use powder cocaine, crack cocaine, marijuana, methamphetamine, and heroin (Taylor, 2011). The use of stimulants such as cocaine and methamphetamine is increasing and posing greater negative impacts to the health of children due to the prevalence of producing methamphetamine in the home and drug paraphernalia within reach of children. While methamphetamine continues to gain the most attention due to the unique dangers of the drug, marijuana and cocaine are more widely abused. According to SAMHSA’s report from a national survey on drug use (2007), marijuana accounts for 72.8% of illegal drug use while the number of cocaine users is increasing annually. The number of heroin users has nearly doubled in one year (Taylor, 2011). As identified in a research study completed by Lloyd and Akin, the impact on the family will vary based on which substance is being abused. Reunification rates become dependent on the different legal and social status of a substance, as well as the addictive potential and different effects on the brain (Lloyd & Akin, 2014; Straussner & Fewell, 2011).

For many children, the substance use of their parents and guardians alters their livelihood and home environment. Children may suffer from child abuse, especially neglect, and are often removed from the home as a result of a parent’s substance abuse (McNichol & Tash, 2001; Walsh, MacMillan, & Jamieson, 2003). As many as two-thirds

of deaths as a result of parental substance abuse occur at the hands of parents under the influence of illicit drugs and/or alcohol. Fifty-one percent of the children who died were victims of physical or sexual abuse, 44% died from neglect, and 5% died from multiple forms of maltreatment (Magura & Moses, 1986).

Impact of Parental Substance Abuse on Children

Studies show that parental substance abuse has both acute and chronic effects influencing the lives of children across their lifetimes. Effects of parental substance use on children can include: a lack of attachment to a significant adult; multiple separations; physical and emotional abuse or neglect; exposure to toxic substances; inadequate supervision; changes in residence; interrupted or unsupported education; poverty; and exposure to criminal behavior. Research continuously documents that parental substance use is a global problem, with approximately 27 million children having a substance dependent or abusing parent. More than 8.3 million children, in the U.S., live with a parent with a substance use disorder (U.S. Department of Health and Human Services [HHS], 2005). Of the 8.3 million, 14% are under the age of five and 9.9% are teenagers. Researchers have found that the age of the child seems to moderate the relationship between parental substance use and child abuse (SAMHSA, 2008; Straussner & Fewell, 2011). According to CASA (2005), children of parents who abuse substances are three times more likely to be abused and four times more likely to be neglected than children of parents who do not abuse substances. The younger the child, the more likely they are to suffer physical abuse. As the child ages and the length of exposure increases, so does the risk of developing negative emotional and behavioral consequences.

Because substance-abusing parents cannot provide a safe, stable, and caring environment, children growing up in such families do not get their developmental needs met (CASA, 2005). Therefore, children of substance-dependent parents are often diagnosed with a variety of mental and physical disabilities including developmental delays and behavioral problems related to exposure to drugs and alcohol (Blanchard, Sexton, & Morgenstern, 2005; Catalano, Haggerty, Fleming, Brewer, & Gainey, 2002; Drucker & Greco-Vigorito, 2002; Francis, 2011; King, Vidourek, & Wagner, 2003; Lucero, 2012; Stanger et al., 1999; Tisch, 2012). While such disabilities increase a child's need for a nurturing home environment, social and health care services are often inaccessible due to the immensity of their parents' substance dependency (CASA, 2005; Child Welfare Information Gateway, 2009).

Alcohol use during pregnancy is the leading cause of mental retardation in children, alcohol-related birth defects, and alcohol-related neurological disorders (Straussner & Fewell, 2011). Research has shown that fetal alcohol syndrome affects more than 40,000 infants born each year and approximately 1% of children in the United States (Child Welfare Information Gateway, 2009; CDC, 2009; Taylor, 2011). Prenatal substance exposure constitutes neglect and results in the removal of a child from the care of his or her mother. Alcohol when consumed by pregnant women can be destructive to the developing fetus. Even if there is no prenatal exposure to substance use, exposure to parental substance use during birth to one year of age negatively influences the critical brain and physical development of a child as well.

Substance use can impair a parent's ability to care for older children as well resulting in inconsistent disciplinary practices, poor supervision, and monitoring.

Therefore, children are more likely to engage in substance use, early initiation of sexual activity, smoking, and conduct disorders, as well as other problem behaviors (Francis, 2011). Other effects can include malnourishment, sexual assault, incest, and use of illicit drugs with the child (Taylor, 2011). As a result, some of these children are removed from the custody of their parents and placed in foster care (U.S. Government Accountability Office [GAO], 1997).

When children are removed from their home, they become a ward of the state. Therefore, they are placed in out-of-home care, commonly known as foster care. The purpose of foster care is to provide temporary housing until reunification is possible. While the purpose of foster care is to provide safe, stable, and caring housing, children placed in foster care are at a higher risk of developing behavioral, psychological, and physical health problems. Although these problems likely originated in the circumstances that led to their placement in out-of-home care, research indicates that these problems are aggravated by the foster care system (Cunningham & Finlay, 2013; HHS, 1999). The time a child spends in foster care is determined by the child's welfare workers and the court system and is dependent on many factors such as parents' cooperation, access to services and resources, court dates, agency protocol and timelines, and other mandated requirements by the court. Maltreated children of parents with substance use disorder are more likely to experience severe problems and remain in foster care longer than maltreated children from other families, as research has found (HHS, 1999).

Impact on Reunification and Child Welfare

The nature of drug and alcohol addiction means a parent's recovery can take a considerable amount of time; therefore, additional strain is placed on the child welfare

system that is already overburdened by the increasing number of foster care cases (GAO, 1997). Child welfare workers and law enforcement officials believe that parental substance use has greatly contributed to foster care growth (Cunningham & Finlay, 2013). Depending on the type of substance being used, reunification rates are markedly different. The type of substance has varying impacts on parenting, neglectful habits, abusing habits, and further implications in the cases of children once they are brought to the attention of child welfare and court systems. Lloyd and Akin (2014) suggested that illicit drugs have a more powerful impact on reunification rates than alcohol. Drug-only cases spend substantially more time in foster care. Removed children as a result of illicit substance use of their parents spent an additional 224 days in out-of-home care.

Statistical data of other research studies agree that any drug involvement greatly increases the length of stay in out-of-home care for children. When alcohol is the abused substance, reunification rates are lesser than those of drug only cases. When alcohol and drug use are combined as the abused substances, reunification rates are almost identical to those of drug only using parents, suggesting that the introduction and use of illicit drugs greatly influences a family's case (Brook, McDonald, Gregiore, Press, & Hindman, 2010).

Nearly 82% of substance-using parents who are involved with the legal system and child welfare services use a combination of illicit drugs and alcohol, creating a greater risk of abuse and neglect. Alcohol-abusing parents are more likely to physically abuse their children, while drug-abusing parents are more likely to neglect their children (Taylor, 2011).

Cost of Parental Substance Use

Expenditures related to addressing parental substance use are significant. The expense of child welfare systems with increasing caseloads and rise of substance use has a pronounced impact on federal, state, and local budgets. Approximately half of the \$22.2 billion budget spent on child welfare services goes to foster care and group homes. The growth of foster care and group home placements is largely attributable to the growth of parental substance use (e.g. methamphetamine use). Because of the rise in substance use, federal, state, and local authorities are working to combat this rise. Of the \$24 billion spent annually to address different aspects of substance use, \$5.3 billion is spent on child welfare related costs (The National Center on Addiction and Substance Abuse at Columbia University [CASA], 2001).

Incarceration of Substance-Using Parents

There is the tendency for people to see addiction as a social problem that should be dealt with only by the criminal justice system (Lucero, 2012; Stanford, 2012). Common practices for dealing with parents with substance use can include a range of sporadic services to incarceration, contingent on how the condition of their home environment came to the knowledge of authorities. From the illness model perspective, imposing incarceration on a person with a disease is inherently unjust (Choi, 2012). Incarcerating parents due to their substance use is unjust and more harmful to their recovery (Phillips, Gleeson, & Waites-Garrett, 2009).

Not only does incarceration of substance abusers impact their likelihood of treatment and sobriety, but it also impacts the budget and spending of the state. The 2014 fiscal budget for the Texas Department of Justice for prisons and incarceration was \$2.5

billion. However, Texas has gone over budget for several years, spending \$3.3 billion on incarcerations (Center on Sentencing and Corrections, 2012). According to the Federal Bureau of Prisons (BOP, 2015), almost 50% of the federal prison population is drug offenders. In 2014, 18.1% were sentenced for marijuana offenses, 28.8% were sentenced for methamphetamine offenses, 11.1% for heroin offenses, and 33.7% for cocaine offenses. The length of imprisonment due to drug offenses can range from 36 months to 96 months (U.S. Sentencing Commission [USSC], 2015). Parents' incarceration can cause a delay in permanency for their children, which in turn lengthens their children's stay in foster care. If parents choose not to terminate their parental rights at the beginning of their prison sentences, children remain in out-of-home placements until a permanency goal is reached, whether it is reunification or eventual termination of parental rights.

Current Practices in Child Welfare Systems

Permanency in child welfare can mean either reunification with the family or placement in another permanent setting. The preferred outcome is reunification, as outlined by federal law. Permanency planning efforts focus on supporting and stabilizing a family until it is safely possible for reunification. If reunification is not possible, placing a child with another legally permanent family is the goal. Other permanent families may include relatives, adoptive families, or guardians. As the Child Welfare Information Gateway (2015) eloquently states permanency as “maintaining or establishing meaningful connections with other caring adults (relational permanency) with family, friends, and connections to the community.”

With reunification as the stated goal in cases for the initial 6 months, immediately establishing plans of service to meet this goal is vital to each case involving the

rehabilitation of substance-using parents. However, the lack of collaboration between substance use treatment communities and the child welfare system has played an important role in impacting reunification rates of children in foster care (Brook et al., 2010; Gregiore & Schultz, 2001; Murphy et al., 1991; Tracy, 1994). Currently, child welfare and substance use treatment systems operate as separate service delivery systems. Children are often removed from their homes and placed in an overburdened foster care system while parents are ordered to deal with their substance use disorder or face incarceration. Many, if not most, child welfare caseworkers lack training in the assessment of substance use disorders, and many, if not most, substance use disorder treatment facilities lack personnel adequately trained for advocacy within the child welfare system. A certain amount of knowledge is needed in order to recognize substance use disorders as well as knowledge of the systems of care for networking and referrals. Persons working within these various systems of care need to have awareness about the job functions of professionals in other systems of care in order to adequately address substance use. Knowledge about different types of substances, and their impact on the parent's ability to meet case plan requirements is vital in supportive services (Lloyd & Akin, 2014).

Traditionally, the child welfare system, in working with parents who have substance use histories, utilizes case planning that involves random drug testing, confrontational counseling services, jail diversion programs, and required attendance at various community-based support groups (e.g., Alcoholics Anonymous or Narcotics Anonymous). U.S. General Accounting Office found that 80% of parents of foster care children are required to undergo substance abuse treatment. 64% complete an intake,

50% participate in some treatment, and only 13% complete treatment (U.S. General Accounting Office [GAO], 1998). Therefore, these traditional practices are not effective.

Another important factor for agencies in the child welfare system is the timeframe outlined by the Adoption and Safe Families Act (ASFA) of 1997. ASFA requires a child welfare agency to file a petition for termination of parental rights if a child has been in foster care 15 of the past 22 months (U.S. Congress, 1997). Many states cannot adhere to this due to problems accessing substance abuse services (Child Welfare Information Gateway, 2009). There is an inconsistency between the ASFA timeline and the waiting period for access to rehabilitative services. The timeframe does not allow sufficient time for parents to receive effective treatment. It is especially important for parents to access treatment swiftly due to the increased risk factors of children's outcomes as well as the delay in permanency decisions for children in the foster care system.

Family Dependency Treatment Court

In the 1990s, there was a federal push to serve the needs of parents in child welfare cases by creating drug courts to respond to the number of drug cases that flooded the child welfare system. Policy makers created a "treatment-focused" family drug court model that addresses parental substance abuse within the family court and child welfare system (Choi, 2012). As courts across the nation adopted this new model, substance use and addiction became the forefront of the battle for child welfare. Adapting the concept of using a comprehensive, interdisciplinary team from all parts of the child welfare system to provide needed supportive services created a holistic intervention in place of the triage-style intervention traditionally used. A program formulated specifically for the child welfare system and fashioned from the drug court model is Family Dependency

Treatment Court (FDTC). The Bureau of Justice Assistance, a branch of the U. S. Department of Justice, has defined FDTC as the following:

A family dependency treatment court is a court devoted to cases of child abuse and neglect that involve substance abuse by the child's parents or other caregivers. Its purpose is to protect the safety and welfare of children while giving parents the tools they need to become sober, responsible caregivers. To accomplish this, the court draws together an interdisciplinary team that works collaboratively to assess the family's situation and to devise a comprehensive case plan that addresses the needs of both the children and the parents. In this way, the court team provides children with quick access to permanency and offers parents a viable chance to achieve sobriety, provide a safe and nurturing home, and hold their families together. (USDJ, 2013, p. 4)

Child Welfare Information Gateway (2009) identifies accurate identification of child welfare patients in need of treatment and access to that treatment as important goals. To meet these goals, collaboration between systems (e.g. child welfare, judicial courts, substance use treatment) must improve.

Adopting the practice of comprehensive collaboration among systems allows for more support services for parents, increased access to free services (such as individual therapy), and increased interaction with the parents and officers of the court. Parents are also held more accountable. Accountability is one of the most important parts of recovery, combined with having the support and services necessary to become a clean and sober person who can safely provide for his or her children (Dove et al., 2012; Lucero, 2012).

The successful treatment of parents with substance use disorders is positively associated with the likelihood of reunification (Green, Furrer, Worcel, Burrus, & Finigan, 2007; Gregoire & Schultz, 2001). Drug courts have been thoroughly researched and studied in conjunction with adopting breakthrough interventions identified by leading substance use experts and psychiatric professionals. With a model that clearly outlines the need for accountability, responsibility, and commitment to treatment, practitioners work to support individuals who have substance use disorders in reaching recovery and sobriety. However, when individuals who have substance use disorders are also parents and are involved in the child welfare system, actions and consequences no longer impact one person. Children and families become involved, and services need to be extended beyond the individual.

The basic FDTC model follows the adult drug court model that includes frequent court hearings and rigorous judicial oversight. In addition, substance abuse treatment and other services are provided in a timely manner (Center for Substance Abuse Treatment, 2004). The use of rewards and punishments in family drug court follows the behavioral model of therapy, using techniques found in the principles of positive reinforcement and aversive conditioning (Winick, 1991). In contrast to the adversarial model, FDTCs offer a non-adversarial setting and strive to provide clear direct messages to parents in support of successful reunification with their children. A drug court team approach is used that includes members from the judicial, child welfare, and treatment systems to support and monitor the parent (Worcel, Furrer, Green, Burrus, & Finigan, 2008). Each member of the FDTC team is critical to the success of the families entering the system. Due to the plethora of services potentially included in the conceptual framework of the model,

bringing professionals together to work as an interdisciplinary team is fundamental to the court model. The services included in common FDTCs are supervised detoxification; pharmacological treatments; individual, group, and family therapy; support groups; child care services; transportation services; vocational training; academic enrichment; job placement services; financial management; housing placement while transitioning out of the program; and nutritional counseling (National Drug Court Institute, 2004; Taylor, 2011). Other services of the FDTC include substance abuse and trauma counseling along with parenting and anger management classes. Participants attend reviews with the interdisciplinary team and undergo random frequent drug tests to ensure sobriety. In some FDTCs, judges utilize sanctions and incentives proven to be successful in the overall rehabilitation of parents through other FDTCs established across the nation. According to the Office of Justice Programs (2004), FDTC sanctions might include: verbal admonitions from the judge; therapeutic essay writing; community service; fines, and increased frequency of urine testing (p.19). For significant acts of noncompliance, a judge may order an offender to jail for a short amount of time. However, when considering a jail sentence for the parent, the FDTC first considers how this sanction might affect the safety and welfare of the children. Jail time should not conflict with the parent's time with the child, even if the child is in foster care (p.19-20). Through research of the early FDTCs in the 1990s, the model has been structured to include evidence-based practices that have been proven successful over the past two decades in functioning FDTC programs.

To meet the eligibility requirements of FDTCs, the parent must have a history of substance abuse, must have a child who was removed from the home by a protection

agency, and must have a stated goal of reunification with his or her children. A parent is excluded from eligibility if he or she has a history of parental rights termination, a violent criminal offense, a diagnosis of mental illness, or alleged sexual perpetration (Lesperance et al., 2010; Wheeler & Fox, 2006). Having these requirements eliminates the contingencies of compounding factors influencing an unsafe home environment and potentially halting permanency goals as well as acknowledges the importance of the child's safety in reunification.

FDTCs work in conjunction with child welfare cases, and services are available to children as their parents work through the FDTC program. The program lasts between 9 and 12 months in order to meet the timeframe outlined in the Adoption and Safe Families Act of 1997 and court-appointed timelines of DFPS (U.S. Congress, 1997; DFPS, 2015). Child protective services and treatment programs work together to identify, assess, and intervene with substance-abusing parents. To increase accountability, judicial oversight is amplified. The FDTC model seeks to provide the strong support system needed for successful rehabilitation. It utilizes the interdisciplinary team as advocates, mentors, and guides to maintain consistent contact with the parents as well as face-to-face approaches to ensure program compliance. A parent who is participating in a FDTC program has someone checking in with them daily through scheduled meetings, services, or appointments in order to maintain the accountability and support provided by this model.

FDTCs were established to motivate parents to address their addiction, increase enrollment and retention in substance abuse treatment, and coordinate the social services needed to stabilize families. They allow parents the opportunity to receive intensive treatment along with the services mandated by the court and DFPS while working toward

reunification with their children in a timely manner. FDTCs aim to help participants to become emotionally, financially, and personally self-sufficient and to develop parenting and coping skills that will enable them to serve as effective parents (Moore, Barrett, & Young, 2012; Office of Justice Programs, 2004). Parents are empowered to be involved in decision-making and are acknowledged for their accomplishments. They are seen as key participants in their cases and are held accountable for their responsibilities to the court (National Drug Court Institute, 2004).

Due to the programs establishment and utilization across the nation, the United States Department of Justice has created a Bureau of Justice Assistance program specifically designed to help in the establishment of FDTCs, assist in the operationalization of the model, and provide support needed for the program to function in compliance to the evidence-based model. Technical support and federal funding is available for FDTC programs and direct assistance is also accessible to programs within each state (National Criminal Justice Reference Service, 2015).

Effectiveness of FDTCs

Treatment methods focusing on family and relationship processes have been shown in multiple studies to be highly effective in reducing and eliminating substance use due to the close connection between family interactions and substance abuse (Liddle & Dakof, 1995; Powers, Vedel, & Emmelkamp, 2008). Family-based programs are more successful when working with children and their families than when focusing on individualized interventions. Burlew et al. (2013) claim this model supports the parent-child bond and increases the likelihood of reunification.

A retrospective study of four FDTC sites examined the treatment and child welfare outcomes for parents served by FDTCs in comparison to parents served through the traditional child welfare system (Green, Furrer, Worcel, Burrus, & Finigan, 2007). The study found that parents who participated in FDTC were: 1) more likely to seek treatment; 2) had a longer duration of treatment; and 3) were more likely to complete treatment than parents who were not involved in FDTCs. The children of FDTC parents were more likely to be reunified with their parents, with consistently fewer days in out-of-home placement (Green, Rockhill, & Furrer, 2007; Oliveros & Kaufman, 2011).

An additional study supported these findings and suggested that two times as many FDTC cases result in reunification than comparison cases (Green, Rockhill, & Furrer, 2007). Parents involved in FDTCs averaged approximately 10 months in substance use treatment in comparison to other substance-using parents not involved in FDTCs, who averaged almost five months in treatment. FDTC parents who complete treatment within the time frame of a child welfare case have almost a 90% chance of reunification and are approximately nine times more likely to have their children returned than are parents in FDTC cases that are noncompliant (Green, Furrer, Worcel, Burrus, & Finigan, 2009; Oliveros & Kaufman, 2011). The length of stay in treatment is positively linked to sustained recovery and permanency outcomes (Green, Rockhill, & Furrer, 2007).

The use of FDTCs is also linked to the reduction of risky and traumatic behaviors commonly practiced by substance users. When substance use is compounded with risky and traumatic behaviors, the consequences of parents' actions not only affect their livelihood but also the livelihoods of their children. Studies have found that within the 12

months of treatment in a FDTC, participants reported decreases in binge drinking, substance use, sexual activities while intoxicated, sexual activities with an intoxicated person, and unprotected sexual activities. More than half of the participants attributed their decreases in risky behaviors to their enrollment in the FDTC (Lesperance et al., 2010).

The use of FDTCs allows the court to mandate treatment and to make child reunification dependent on treatment compliance without adding the judicial use of incarceration, which has a negative impact on substance use treatment and child welfare cases (Moore, Barrett, & Young, 2012). As more research studies provide longitudinal evidence of the effectiveness of FDTCs in child welfare cases, counties and states across the nation are implementing this model into their family court systems. With budget and spending allocated for family drug courts, counties and states have access to the funding and resources needed to enable the establishment of FDTCs in their areas.

Cost Savings of FDTCs

Cost savings associated with FDTCs are linked to the reduction in out-of-home child placements. In a research update completed by Marlowe & Carey (2012), they found that by reducing the use of foster care, cost savings from FDTCs are \$10,000 to \$15,000 per child entering into state care (p. 3). The program costs for FDTCs ranged from \$7,000 to \$14,000 per family (p. 4), depending on the range and intensity of services offered. However, taking into account the program's investment costs and the value of the outcomes produced, the average net cost savings from FDTCs ranged from \$5,000 to \$13,000 per family (p. 4). The largest cost savings are seen through the reduction of the use of foster care and the reduction of the time that children spend in

foster care (Marlowe & Carey, 2012). With compounding evidence of state and federal spending on substance use services, programs, and initiatives, along with the expenditures of the foster care system, finding an alternative intervention for substance-using parents and their children is crucial.

Research Questions

With such overwhelming statistics indicating a need to address the problem of parental substance abuse, many working within this system, and its numerous agencies, are searching for ways to combat the staggering caseloads and growth of foster care placements (U.S. Department of Health and Human Services, 2014). Family Dependency Treatment Court (FDTC) is one possible avenue that could be pursued. This study will determine if FDTC is a viable option for addressing the problem of parental substance abuse in child abuse cases in Taylor County. Specifically, this study will address the following questions.

1. What is the impact of parental substance use on children who are removed and placed into the custody of DFPS?
2. What are the current forms of treatment used in child welfare systems for addressing parental substance use?
3. Does treatment of parental substance use positively impact the outcome of children in the child welfare system?
4. Is Family Dependency Treatment Court an effective intervention in treating parental substance use?
5. Will the use of Family Dependency Treatment Court be effective in Taylor County, Texas?

6. Do resources and support exist for establishing a Family Dependency Treatment Court in Taylor County, Texas?

CHAPTER III

METHODOLOGY

The purpose of this study was to determine the severity of the influence of parental substance use on children in the child welfare system and determine if a need exists for a FDTC in Taylor County, Texas. Additionally, the study was used to determine if persons with specific knowledge regarding child welfare in Taylor County believe that a local need exists for a FDTC and if sufficient community resources exist (or are needed) to support its establishment. The outcomes of the study show: (1) the effects of parental substance use on the Taylor County child welfare system and (2) the plausibility of implementing a FDTC in Taylor County as an intervention for cases of children placed into the state's care as a result of parental substance use.

Measurement

To evaluate if a need exists for a FDTC in Taylor County and the feasibility of implementing the model in the judicial system, qualitative interviews of professionals working within the local child welfare system were conducted. This study was reviewed and approved by the Institutional Review Board at Abilene Christian University (see Appendix A). The interview is researcher designed and is formatted with open-ended questions with specific topics deemed relevant to the study (see Appendix B).

Design and Data-Collection Methods

The researcher used a qualitative design involving the interviews of key informants of the child welfare system as well as a review of relevant literature. Interviews took place over a 1-month span by phone and email and in-person.

Participants

The participant's role in the child welfare system was the determining factor of identification as a key informant. Professionals included attorney ad litem, child protective caseworkers, and child placing agency workers. Eighty key informants were initially contacted by email and asked to contribute expertise for this study. Of the eighty key informants, sixteen agreed to participate. The participants were given an informed consent upon agreement to participate in the study. A copy of the consent form was given to the participant during each interview (see Appendix C). Interviews were not conducted until consent was given and agreement to participate was granted. Of the sixteen participants who agreed to contribute, 8 completed the interview process.

The researcher explained the purpose of the study, how the study would be conducted, and asked if the participant would like to contribute to the study. Once consent was given, the researcher asked the participant if the participant would feel more comfortable with the interview via email, via phone, or in person. A phone number and email address was requested from each person who agreed to participate in the interview.

Procedures

The qualitative portion of this study followed these steps in the use of human subjects and data collection: (1) identified key informants who possess specific expertise regarding child welfare in Taylor County, (2) contacted those informants via telephone or

email, (3) informed those persons about the study purpose and method, (4) asked those identified persons to meet with the researcher, (5) scheduled a time for an interview, (6) identified a safe method to conduct the interview, (7) interviewed the informants using the interview protocol, (8) transcribed audio tapes or documented the interviews directly into a word processor document, and (8) analyzed transcripts from the interviews using a content analysis approach assisted by NVivo, a qualitative research software.

Data Protection

Data collected through the interviews was kept on a password-protected flash drive. Any audio recordings of interviews was kept on an audio recorder and stored at a secured location. Only the researcher and the thesis chair, Dr. Alan Lipps, had access to the password and information collected. No identifying information was shared.

Data Analysis

The interview protocol was primarily qualitative in nature, consisting of open-ended questions. Data collected from the interviews was uploaded to NVivo, qualitative research software, for analyzing. Data analysis was conducted under the supervision of Dr. Alan Lipps at Abilene Christian University.

Potential Risks and Benefits

There was little to no risk for participants in this study. The interview questions focused on professional expertise related to the child welfare system, parental substance use, and FDTCs. Participants had the right to withdraw consent and/or to discontinue participation in the study at any time. The benefits of participating in this study were furthering knowledge about parental substance use and its effect on children within the child welfare system as well as identifying the effectiveness of the FDTC in addressing

the impact of parental substance use. The study may lead to the implementation of an intervention in Taylor County to alleviate the growing need for the treatment of parents with substance use disorders and decrease time spent in foster care for children with substance-using parents.

Assumptions and Limitations

Assumptions in this study were as follows: The documented effects of the substance use of parents on their children is applicable to the families in Taylor County who are involved in child welfare services; key informants would be willing to participate in this study; and participants would have knowledge of FDTCs. The perceived limitations of this study were as follows: the potential for a small sample size; participants' view about interview questions; participants' bias based on their professions; and time constraints for conducting research.

CHAPTER IV

RESULTS

The first set of open-ended questions of the interview were used to identify the practices of the Taylor County child welfare system when a parent with an identified substance use disorder is involved in a child welfare court case. In Figure 1, the process is described based on the interview responses. Each participant described the same process and set of procedures when describing current Taylor County practices for handling parental substance use in the Child Welfare System.

First, a parent is ordered to undergo a substance use assessment at an identified organization, such as the Betty Hardwick Center, Serenity House, or Abilene Regional Council on Drug and Alcohol Abuse (ARCADA). Based on the assessment, recommendations are made and can include counseling, substance use treatment, and Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings. Each recommendation made is tailored to the individual and their drug assessment findings. Court orders are also made based on the assessment. Court orders typically include submitting to random drug testing and refraining from substance use and individuals using substances as well as the recommendations of the drug assessment. In a family court case, visitation rights are contingent on the random drug tests' results. A positive test means a parent will not be allowed to visit with their child.

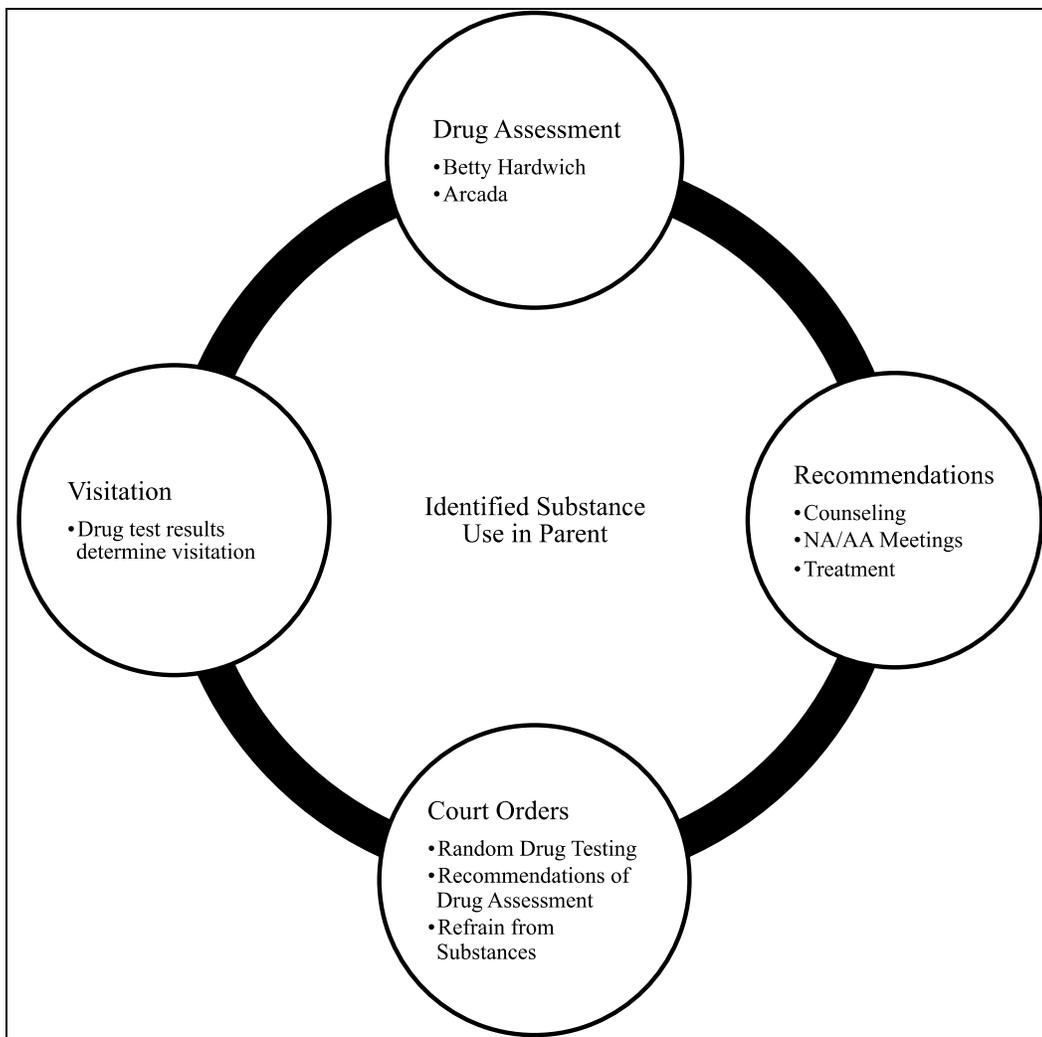


Figure 1

Current Taylor County process of child welfare cases involving a parent identified as having substance abuse issues.

Impact of Parental Substance Abuse in Taylor County Child Welfare Services

To evaluate the impact of parental substance abuse in Taylor County, the second set of questions were asked to provide information, observations, and opinions of current effects of substance use of parents on the child welfare system. Based on the responses of participants, several themes were identified in three distinct categories. As seen in Table

1, the second section of the interview was divided into three categories: the effect on the system, the effect on children, and the effect on recidivism.

Table 1

Impact of Parental Substance Abuse in Taylor County Child Welfare Services

Interview	Effect on System	Effect on Children	Effect on Recidivism
1	Majority of Cases Increase in Cases	Trauma Psychological Harm	Increase
2	Majority of Cases Primary issue	Physical Harm Psychological Harm	Neutral
3	Majority of Cases Increase in Cases Increase in Cost	Psychological Harm Neglect	Increase
4	Majority of Cases Primary Issue	Trauma Psychological Harm Physical Harm	Increase
5	Increase in Cost	Trauma	Increase
6	Increase in Cases	Trauma Physical Harm	Increase
7	Majority of Cases Increase in Cases Increase in Cost Primary Issue	Neglect Psychological Harm	Increase
8	Majority of Cases Increase in Cost Primary Issue	Trauma Neglect Physical Harm	Increase

Effect on the System

In this category, four themes were identified as impacts on the child welfare system: majority of cases, increase in cases, increase in costs, and the primary issue. The eight interviews identified these themes in the current state of the Taylor County Child Welfare System. The majority of cases involved in family court involve at least 1 parent with an identified substance use problem. The informants also believe that the increase in cases in the previous two years is due to parental substance use. With an increase in

cases, there is an increase in costs as well, correlated to the increase in substance use in Taylor County. There was also an agreement that parental substance use is the primary issue among child welfare cases.

Effect on Children

In this category, four themes were identified as effects on children in cases involving parental substance use. These four themes included trauma, psychological harm, physical harm, and neglect. Participants described trauma as the immediate impact children face when removed from their homes and placed into foster care. Trauma is also described as the stress placed on a child as they are in DFPS care and the subject of a court case. Psychological harm is described as the long-term impact on a child as a result of being involved in DFPS, witnessing substance use in the home, the mental trauma of being neglected or abused by a substance using parent, and the life- altering experience of being in foster care. Physical harm is described as the physiological impact made by being in a home of substance use and the abuse or neglect from a substance-using parent.

Effect on Recidivism

In this category, participants were asked if they believe parental substance use increases the chance for a family to have more than one encounter with the Child Welfare system, such as multiple DFPS cases. Seven out of eight participants agreed that there is an increase of recidivism in the child welfare system if there is a history of substance use. One respondent was neutral on the question based on lack of knowledge of whether substance use increases the risk of recidivism compared to other child welfare cases that do not involve substance use.

Knowledge and Opinions Regarding Treatment Options

The third section of the interview asked participants to provide their knowledge and opinions of treatment options available to parents with substance use problems in Taylor County. The questions also provided participants the option to describe areas needed for improvement to the current practices and identify specific ways to improve the current service delivery system. In Figure 2, the areas for improvement are identified based on participant responses. Five areas were identified: communication among agencies and organizations involved in child welfare cases; comprehensive treatment for substance-using parents; increasing the number of providers; increasing programs addressing substance use; and increasing services focused on substance use. Of the five areas outlined as places for improvement, 75% of the responses agree that an increase in resources for this population is needed.

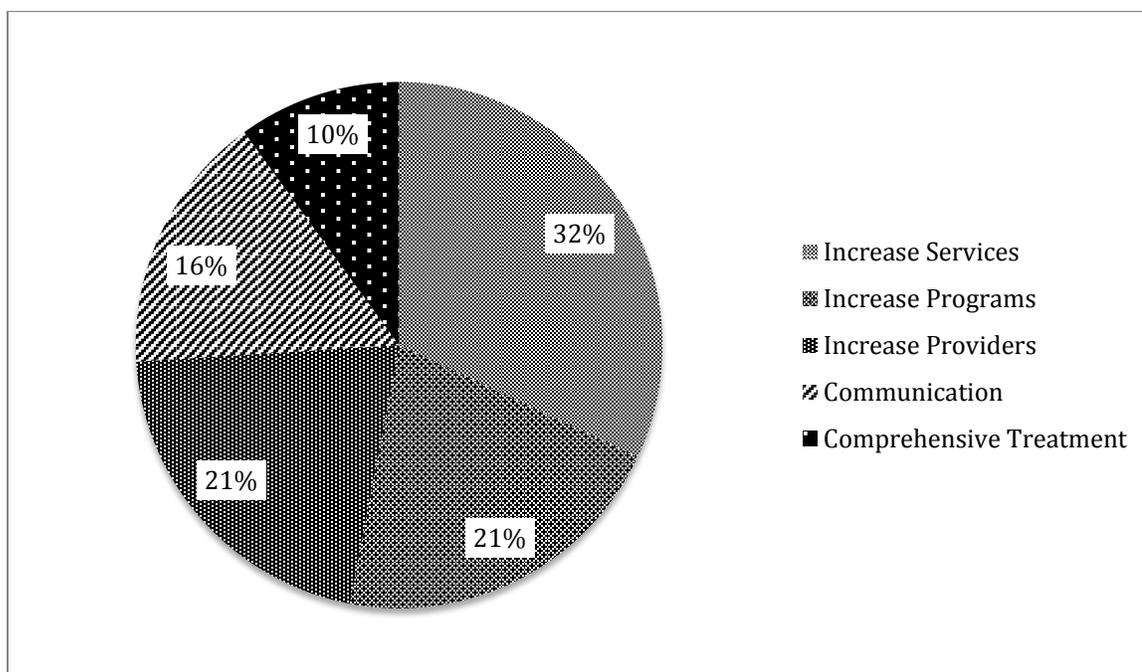


Figure 2

Participant identified areas needing improvement.

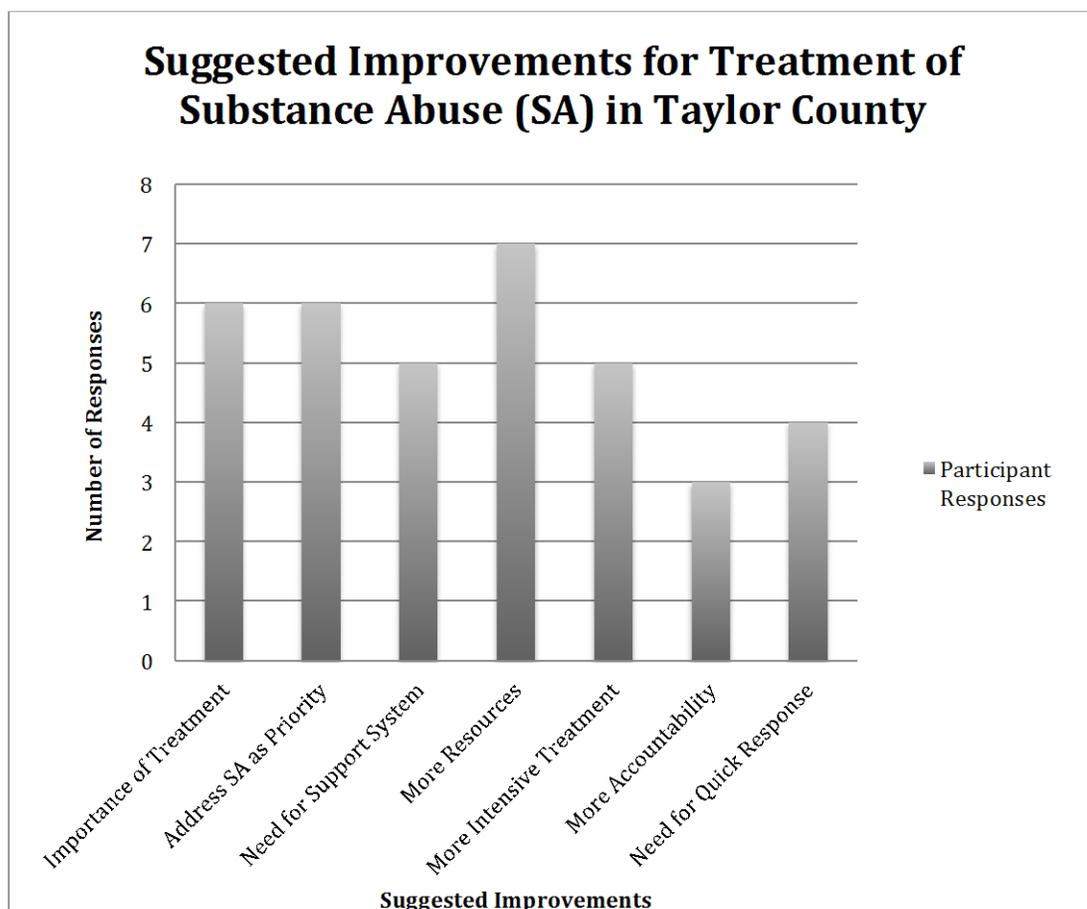


Figure 3.

Participant responses for suggested improvements for treating parental substance use in Taylor County.

In Figure 3 above, participant responses regarding suggested improvements for treatment of parental substance use are outlined. Seven improvements were identified by participants and agreed upon by more than one participant. The seven suggested improvements include identifying the importance of treatment, addressing substance abuse as the top priority, a need for strong support systems for parents, more resources, more intensive treatment for substance-using parents, greater accountability of parents, and a need for a quicker response to identified substance use in parents. Across the eight

interviews, at least three participants agreed upon each improvement, with more resources having seven participant responses. Identifying the importance of treatment and making substance abuse the top priority in child welfare cases each had six responses.

Knowledge and Opinions Regarding FDTC

The last section of the interviews asked participants to disclose their knowledge of Family Dependency Treatment Court, their opinion on the usefulness of FDTC in Taylor County, the additional resources needed to conduct a FDTC in Taylor County, and the cost-benefit of the program compared to current results of the child welfare system. The knowledge and opinions of participants is outlined in Table 2.

Knowledge of FDTC

Among the eight interviews, the majority had no knowledge of FDTC. Of the two participants who answered with limited knowledge, they described their knowledge of the drug court model and a FDTC program utilized in another county.

Usefulness of FDTC in Taylor County

Over half of the participants believed there would be a definitive use for a FDTC program in Taylor County. One respondent believed there would be some use for an FDTC but described the need for treatment of substance use to be important to the parent as well in order for success to be achieved. Two participants could not describe if a FDTC would be useful due to their lack of knowledge of a FDTC program.

Additional Resources

Four themes were identified among the interviews for suggested resources needed to conduct an FDTC in Taylor County. Participants disclosed a need for more programs,

more personnel, more money, and more resources overall throughout the entire child welfare case and treatment process.

Cost-Benefit of FDTC

The final question of the interview asked participants to give their opinion of whether the cost-benefit of a FDTC established in Taylor County would outweigh the cost of conducting current practices in the child welfare system. The majority of participants agreed the establishment of a FDTC in Taylor County would improve the current situation of parental substance use, cost-benefit of an FDTC would outweigh the current cost-benefit, and the current system is not working.

Table 2

Knowledge and Opinions Regarding Family Dependency Treatment Court

Interview	Knowledge	Usefulness	Additional Resources	Cost-Benefit
1	None	N/A	Programs	Yes
2	None	N/A	N/A	N/A
3	None	Yes	Money	Yes
4	Limited	Yes	No	Yes
5	None	Yes	Personnel	Yes
6	Limited	Yes	Money	Yes
7	None	Maybe	Money Resources	No
8	None	Yes	Money Personnel Resources Programs	Yes

Summary of Findings

The impact of parental substance use is described by the findings of the study as well as the current practices of treatment for substance-using parents. The findings also

found a consensus of need for a more effective intervention than the present services in place. The support for a new intervention was found. All eight of the interviews found that a program change within the Taylor County child welfare system is supported and needed. However, two respondents who stated they held a lack of knowledge of Family Dependency Treatment Court were hesitant to provide support of establishing the program in Taylor County, despite belief that a change needs to occur. Therefore, the interviews were inconclusive to determine if the intervention needed in Taylor County is specifically a FDTC.

CHAPTER V

DISCUSSION

The purpose of this study was to answer the following research questions: (1) What is the impact of parental substance use on children who are removed and placed into the custody of DFPS? (2) What are the current forms of treatment used in child welfare systems for addressing parental substance use? (3) Does treatment of parental substance use positively impact the outcome of children in the child welfare system? (4) Is Family Dependency Treatment Court an effective intervention in treating parental substance use? (5) Will the use of Family Dependency Treatment Court be effective in Taylor County, Texas? (6) Do resources and support exist for establishing a Family Dependency Treatment Court in Taylor County, Texas?

Question 1

The impact of parental substance use on children is well established in the literature and further confirmed by this study. All eight of the interviews concluded that the effects on children outlined by previous studies and research experts can be seen in Taylor County's child welfare system as well. Trauma, physical harm, psychological harm, and neglect are identified as overall effects of parental substance abuse in literature and factors highlighted in the interviews as common impacts seen in Taylor County cases.

The impact of parental substance use is immense. Participants agreed that the majority of child welfare cases in Taylor County consist of parental substance use in

some way. The increase of substance-using parents is in turn causing an increase in cases and costs, overloading the current system. When viewing the child welfare system in the present state it is in, parental substance use is identified as the primary issue. Many cases involving substance use are recurring, generational, and at a high risk of recidivism. The findings outlined the state of the child welfare system in Taylor County as overwhelmed, underserved, and overburdened by the increase in parental substance usage across the county. The need to address the rise in cases is evident as well as addressing the confounding need for treatment options available to substance-using parents.

Question 2

Participants described the common procedures in the treatment process when a parent is identified as having a substance use issue in Taylor County. Responses described a process that is failing parents and children. A general theme throughout the interviews described the lack of support, resources, and programs that focus primarily on treating substance use of parents. In other areas of Texas, resources and programs are more readily available and accessible to individuals seeking rehabilitation and treatment, providing the support system needed to address substance use and addiction. However, in Taylor County, provisional treatment options are few and frequently unattainable, therefore failing parents who do not have the support to reach sobriety on their own. Due to the lack of resources and funds, the process relies heavily on the volunteerism of parents in getting treatment and finding the support they need in order to reach sobriety. Many of the service delivery systems involved are overloaded with cases and the demand placed on the system. Because of the lack of services, parents who do not show a strong interest in getting treatment are typically not helped. The current treatment model in

Taylor County follows a form of triage where parents who are adamant in sobriety and having the support to do so are cared for first; whereas, parents who do not meet requirements on service plans and do not show an effort are treated last. Key informants disclosed frustration with the current processes and procedures, stating that the timeline in receiving treatment generally takes longer than the timeline of child welfare cases. Because there is a lack of programs in the area, parents are often placed on waiting lists that place them in possible jeopardy of meeting the timeline of their child welfare cases.

As research indicates, a desire to get treatment is the first and most important step in reaching sobriety. However, parents are at a loss when a system designed to help families does not adequately support or credit their capability of becoming clean and providing a stable and healthy home for their children.

Question 3

Treating substance use effectively, swiftly, and intensively has shown to have a positive impact on the lives of parents throughout research. Based on the interview responses, participants agreed that treating substance use would have a positive impact on the outcomes of children involved in DFPS. However, participants also agreed that outcomes are dependent on the quality of the treatment process, the commitment of the parent to maintain sobriety, and the availability of supportive services dedicated to helping parents in recovery. Having the resources and support needed to reach sobriety are most important. This study found that resources and support in Taylor County do not exist to effectively serve this population before, during, and after the treatment process. The current system also does not allow enough time to receive treatment and reach stability due to the lack of resources and support available.

Question 4, 5, and 6

Despite limited to no knowledge of the specifics of a FDTC, the majority of participants were positive in the usefulness of an FDTC in Taylor County based on the belief that the current system is not working and the introduction of an evidence-based intervention would be beneficial. The current treatment process in Taylor County has a disconnect in communication among service delivery systems and a lack of funding to create more resources to properly address the overloaded child welfare system.

Participants expressed their frustration with the treatment service delivery system, specifically the limited availability of programs designed to serve the unique population of substance-using parents involved in the child welfare system. The current process is overwhelmed by the demand of cases and underserved by the limited resources available. The key informants involved in the child welfare system currently do not know what is possible or how it is done differently in other areas.

Family Dependency Treatment Court has been an intervention utilized across the nation for over two decades. The literature outlines the model of FDTCs and describes the effectiveness as a program treating substance-using parents involved in child welfare cases. FDTCs are cost effective as well. However, this study found a lack of knowledge among professionals of the FDTC model and its success in other areas of the United States, and more specifically in other Texas courts. There are 14 FDTCs operating across the state of Texas, including programs in Grayson and Gregg County, which have equivalent population sizes to Taylor County. There is also an established FDTC in Rusk County, which is almost three times smaller than the population of Taylor County (Texas Criminal Justice Division, 2015).

Participants also described the lack of funds available to establish such a program. However, as outlined in the literature review, establishing a Family Dependency Treatment Court provides access to federal funds specifically granted for the creation, implementation, and functioning of a FDTC in county courts across the nation, allowing the funds needed to create the necessary programs, resources, and personnel currently lacking in Taylor County. Because FDTCs are federally funded, the cost effectiveness of FDTCs allows the establishment of a program in Taylor County to be not only possible but also achievable. By reducing the use of foster care, cost savings are \$10,000 to \$15,000 per child entering into state care. The program costs for FDTCs ranged from \$7,000 to \$14,000 per family, depending on the range and intensity of services offered. However, taking into account the program's investment costs and the value of the outcomes produced, the average net cost savings from FDTCs ranged from \$5,000 to \$13,000 per family. The largest cost savings are seen through the reduction of the use of foster care and the reduction of the time that children spend in foster care (Marlowe & Carey, 2012). The U.S. Department of Justice provides guided materials for stakeholders, community leaders, program practitioners, and all those involved in the establishment and running of FDTCs in order create a universal model that is evidence-based (USDJ, 2013). Along with the provided materials, there is technology support and consultants through the Bureau of Justice Assistance to provide the necessary support for county courts establishing the FDTC model in their area. There is also a National Drug Court Institute that provides further training and assistance to court systems throughout the FDTC process. Each state is assigned a drug court coordinator to guarantee the universal

adoption of the Family Dependency Treatment Court model and to provide compliance among the programs as well (National Drug Court Institute, 2015).

Implications for Practice

The literature and the results of this study outline a need for effectively addressing substance use among parents involved in the child welfare system in Taylor County. There was a consensus among participants that the present system needs to be addressed. The current process is not meeting the needs of the system presently overwhelmed by cases, costs, and lack of resources. In order to provide an environment of success for substance-using parents, communication among a comprehensive treatment system needs to be established, whether through a Family Dependency Treatment Court or some other interdisciplinary program model. The introduction of an FDTC would create the comprehensive treatment structure needed as well as opening channels of communication across agencies to provide the strong support system for parents in the treatment process. The federal funds available to counties who are establishing a FDTC will create the necessary resources as well as create employment opportunities to provide the personnel needed for a functioning FDTC (Marlowe and Carey, 2012; OJP, 2004; Wheeler and Fox, 2006). The establishment of a FDTC in Taylor County would utilize current personnel and be successful in implementation and functioning. The necessary professionals needed to implement and run the program are presently working within Taylor County's child welfare system. These professionals include a judicial officer, attorneys, treatment practitioners, child welfare workers, counselors, law enforcement officials, and advocates.

The establishment of a Family Dependency Treatment Court would not only provide a cost-effective treatment option, as stated previously, but will also provide a preventative measure of recidivism in child welfare care cases. Although the FDTC model outlines rehabilitation on a timeline of 10 months, the percentage of success in sobriety outweighs the costs spent on treating parents multiple times due to multiple relapses when a FDTC program is not utilized. When treatment of substance use is made as the priority in cases and value is placed on serving the parents, the entire family unit is benefited. The view of substance use is changed from a punishment approach and instead provides a recovery-oriented approach that will positively impact sobriety rates and, in turn, positively impact recidivism and relapse rates.

Knowledge of substance use, tailoring individual service plans to include intensive treatment, and creating an inclusive program to provide a strong support system to parents is needed. The mandatory services ordered by the court are not effectively treating the vast issue of parental substance use nor is the lack of accountability and responsibility given to parents during their child welfare cases. Therefore, a more comprehensive, intensive program assembled to provide the support of an interdisciplinary team of professionals to parents would positively impact Taylor County's child welfare system.

Implications for Policy

The treatment of parental substance use in Taylor County is stalling due to the lack of knowledge, funding, and resources as outlined by key informants involved with the child welfare system on a daily basis. In order for parental substance use to be

addressed effectively, resources, funding, and education of both substance use and its impact on child welfare are necessary and vital.

This study also found a lack of knowledge of effective treatment interventions among professionals and key informants involved in the child welfare system and proved the need for education. Funding is required in order to provide more resources, programs, and services to address the unique needs of substance-using parents as well as enable enough personnel to keep an effective treatment program functioning and successful.

This study implicates the need to change the attitude society has towards substance use and the need to push for education of substance use as a mental health problem and steer away from the perspective of substance use being a social problem. By changing the view of substance use, the process becomes focused on recovery rather than punishment by prioritizing treatment and addressing the needs of the parents along with the needs of the children, therefore benefiting the entire family system.

Limitations and Future Research

The limitations of this research study included a small sample size, the timeline of the Internal Review Board process of the Department of Family and Protective services, and the lack of knowledge of FDTC among professionals in Taylor County.

The limitations of establishing a FDTC in Taylor County included lack of funding, lack of knowledge, and lack of resources. The child welfare system is overloaded, overwhelmed, underfunded, and underemployed. In order for a FDTC to be established and function properly in Taylor County, support and education among those involved in the present system is fundamental. With the current state of the system and the individuals involved, creating a new program could provide the relief needed to unify

service delivery systems and comprehensively treat the staggering rates of child abuse and neglect cases due to parental substance use. The study was unable to gather enough insight to make a conclusive decision on whether support for an established FDTC exists among professionals.

The study found a need for future research to explore the effectiveness of a FDTC in a court system similar to the size and structure of Taylor County, possibly through research in Grayson, Gregg and Rusk Counties where established FDTC programs exist. Future research should be done to address the education of professionals in child welfare systems of parental substance use and effective forms of treatment in order to further the knowledge of individuals involved with child welfare. Future research should also explore the ability to utilize established services and resources where funding is unavailable to provide a more effective treatment process.

Conclusion

This qualitative research study served as an exploratory and descriptive method in identifying current practices of treatment for substance-using parents involved in the Taylor County child welfare system. The study sought to determine the impact of parental substance use on the child welfare system and the need for a Family Dependency Treatment Court in Taylor County. In support of the literature, the impact of parental substance use on children is acute and chronic. Parental substance use also impacts the child welfare system greatly, contributing to the increase in cases and costs. Professionals involved in the child welfare system are also impacted by parental substance use, causing strain on an overburdened system that is underfunded and underemployed. The study could not conclude whether the support for establishing a FDTC in Taylor County exists

due to the small sample size. However, the study sought to understand the current process for treatment and whether a need for an intervention exists. The study found that a need for an effective intervention in treating parental substance use is needed in Taylor County. This study concluded that the establishment of a FDTC in Taylor County is possible and achievable with further education and support among professionals in the child welfare system.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C: American Psychiatric Association.
- Blanchard, K. A., Sexton, C. C., & Morgenstern, J. (2005). Children of substance-abusing women on federal welfare: implications for child well-being and TANF policy. *Journal of Human Behavior in the Social Environment*, *12*, 89-110.
- 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*, 393-412.
- Burlew, A. K., Johnson, C., Smith, S., Sanders, A., Hall, R., Lampkin, B., & Schwaderer, M. (2013). Parenting and problem behaviors in children of substance abusing parents. *Children and Adolescent Mental Health*, *18*(4), 231-239.
- Catalano, R. F., Haggerty, K. P., Fleming, C. B., Brewer, D. D., & Gainey, R. R. (2002). Children of substance abusing parents: Current findings from the focus on families project. In R.J. McMahon & R.D.V. Peters (Eds.), *The Effects of Parental Dysfunction on Children* (pp. 179-204). New York: Kluwer Academic Press/Plenum Publishers.
- Centers for Disease Control and Prevention (CDC). (2009). Alcohol use among pregnant and nonpregnant women of childbearing age-United States 1991-2005. Retrieved from <http://www.cdc.gov/ncbddd/index.html>

The Center on Sentencing and Corrections and the Cost-Benefit Analysis Unit. (2012).

The price of prisons in Texas: What incarceration costs taxpayers. *Vera Institute of Justice*. Retrieved from <http://www.vera.org/files/price-of-prisons-texas-fact-sheet.pdf>

Center for Substance Abuse Treatment. (2004). Substance abuse treatment and family therapy. *Substance Abuse and Mental Health Services Administration*. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK64269/>

Child Welfare Information Gateway. (2015). Achieving and maintaining permanency. *Children's Bureau*. Retrieved from <https://www.childwelfare.gov/topics/permanency/overview/>

Child Welfare Information Gateway. (2009). Parental substance use and the child welfare system. *Children's Bureau*. Retrieved from www.childwelfare.gov/pubs/factsheets/parentalsubabuse.cfm

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

Cunningham, S., & Finlay, K. (2013). Parental substance use and foster care: Evidence from two methamphetamine supply shocks. *Economic Inquiry*, 51(1), 764-782.

Dove, M. (2012). Why does FDTC work?. In K. Lucero (Ed.), *Family drug courts: An innovation of transformation* (pp. 70-71). Indianapolis: Balboa Press.

Drucker, P. M., & Greco-Vigorito, C. (2002). An exploratory factor analysis of children's depression inventory scores in young children of substance abusers. *Psychological Reports*, 91, 131-141.

- Federal Bureau of Prisons. (2015). Inmate statistics: Offenses. *U.S. Department of Justice*. Retrieved from:
http://www.bop.gov/about/statistics/statistics_inmate_offenses.jsp
- Francis, S.A. (2011). Using framework to explore associations between parental substance use and the health outcomes of their adolescent children. *Journal of Child & Adolescent Substance Abuse*, 20, 1-14.
- 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.
- Green, B. L., Rockhill, A., & Furrer C. J. (2007). Does substance abuse treatment make a difference for child welfare outcomes? *Children and Youth Services Review*, 29(4), 460-473.
- Green, B. L., Furrer, C. J., Worsel, 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.
- Gregoire, K. A., & Schultz, D. J. (2001). Substance-abusing child welfare parents: Treatment and child placement outcomes. *Child Welfare*, 80 (4), 433-452.
- Grobe, J. (2015). Meth abuse in Abilene leads to increase in CPS caseload. *KTXS 12*. Retrieved from <http://www.ktxs.com/news/meth-abuse-in-abilene-leads-to-increase-in-cps-caseload/34586904>
- King, K. A., Vidourek, R. A., & Wagner, D. I. (2003). Effect of parent drug use and parent-child time spent together on adolescent involvement in alcohol, tobacco, and other drugs. *Adolescent Family Health*, 3, 171-176.

Knoll, B., & Taylor, A. (2003). Parental substance misuse and child welfare. London:

Jessica Kingsley Publishers.

Lesperance, T., Moore, K. A., Barrett, B., Young, M. S., Clark, C., & Ochshorn, E.

(2010). Relationship between trauma and risky behavior in substance-abusing parents involved in a family dependency treatment court. *Journal of Aggression, Maltreatment, & Trauma, 20*, 163-174.

Liddle, H. A., & Dakof, G. A. (1995). Efficacy of family therapy for drug abuse:

Promising but not definitive. *Journal of Marital and Family Therapy, 21*, 511-543.

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.

Lucero, K. (2012). Family Drug Courts: An innovation of transformation. Bloomington:

Balboa Press.

Magura, S., & Moses, B.S. (1986). Outcome measures for child welfare services.

Washington, D.C.: Child Welfare League of America.

Marlowe, D.B. & Carey, S.M. (2012). 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>

McNichol, T., & Tash, C. (2001). Parental substance abuse and the development of

children in foster care. *Child Welfare, 80*, 239-256.

- Moore, K., Barrett, B., & Young, M. S. (2012). Six-month behavioral health outcomes among family dependency treatment court participants. *Journal of Public Child Welfare, 6*, 313-329.
- Murphy, J., Jellnick, M., Quinn, D., Smith, G., Poitras, F. G., & Goshko, M. (1991). Substance abuse and serious child mistreatment: Prevalence, risk, and outcome in a court sample. *Child Abuse and Neglect, 15*, 197-211.
- The National Center on Addiction and Substance Abuse at Columbia University (CASA). (2001). *Shoveling up: The impact of substance abuse on state budgets*. New York: Author.
- The National Center on Addiction and Substance Abuse at Columbia University (CASA). (2005). *Family matters: Substance abuse and the American family*. Retrieved from http://www.casacolumbia.org/templates/publications_reports.aspx.
- The National Drug Court Institute & Center for Substance Abuse Treatment. (2004). *Family dependency treatment courts: Addressing child abuse and neglect cases using the drug court model*. Bureau of Justice Assistance of the U.S. Department of Justice.
- The National Drug Court Institute. (2015). *The national drug court resource center*. Bureau of Justice Assistance. Retrieved from <http://ndcrc.org/>
- National Criminal Justice Reference Service. (2015). *Office of Justice Programs*. Retrieved from <https://www.ncjrs.gov/>

Office of Justice Programs: Drug Court Training and Technical Assistance Program.

(2004). Family dependency treatment courts: Addressing child abuse and neglect cases using the drug court model. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

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

Phillips, S. D., Gleeson, J. P., & Waites-Garrett, M. (2009). Substance-abusing parents in the criminal justice system: Does substance abuse treatment improve their children's outcomes? *Journal of Offender Rehabilitation, 48*, 120-138.

Powers, M. B., Vedel, E., & Emmelkamp, P. M. G. (2008). Behavioral couples therapy (BCT) for alcohol and drug use disorders: A meta-analysis. *Clinical Psychology Review, 28*, 952-962

Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from <http://www.acf.hhs.gov/programs/opre/research/project/national-incidence-study-of-child-abuse-and-neglect-nis-4-2004-2009>

Stanford, M. (2012). What science says about drug addiction. In K. Lucero (Ed.), *Family drug courts: An innovation of transformation* (pp. 32-40). Indianapolis: Balboa Press.

Stanger, C., Higgins, S. T., Bickel, W. K., Elk, R., Grabowski, J., & Schmitz, J., (1999).

Behavioral and emotional problems among children of cocaine and opiate dependent parents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 421-428.

Straussner, S. L. A., & Fewell, C. H. (2011). Children of substance-abusing parents: Dynamics and treatment. New York City: Springer Publishing Company.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2015).

Substance use disorders. *Mental and Substance Use Disorders*. Retrieved from <http://www.samhsa.gov/disorders/substance-use>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2008). The NSDUH report: Children living with substance-dependent or substance-abusing parents: 2002 to 2007. Retrieved from

<http://archive.samhsa.gov/data/2k9/SAParents/SAParents.htm>

Substance Abuse and Mental Health Services Administration (SAMSHA). (2007).

Results from the 2006 national survey on drug use and health: National findings. Rockville, MD: Office of Applied Studies. Retrieved from <http://archive.samhsa.gov/data/NSDUH/2k6nsduh/2k6results.pdf>

Taylor, O. D. (2011). Children of substance-abusing or substance-dependent parents.

Journal of Human Behavior in the Social Environment, 21, 727-743.

Texas Department of Family and Protective Services. (2015). 2014 annual report: Child protective services. *DFPS Annual Report and Data Book*, 27-71. Retrieved from

https://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2014/5CPSAll.pdf

- Texas Criminal Justice Division. (2015). Texas specialty courts by county. *The Office of the Governor of Texas*. Retrieved from http://gov.texas.gov/files/cjd/Specialty_Courts_By_County_January_2015.pdf
- Tisch, R. (2012). How addiction impacts children. In K. Lucero (Ed.), *Family drug courts: An innovation of transformation* (pp. 72-98). Bloomington: Balboa Press.
- Tracy, E. M. (1994). Maternal substance abuse: Protecting the child, preserving the family. *Social Work, 39*(5), 534-540.
- Volkow, N. (2014). UNODC recommends treating addiction as health, not legal, issue. *The National Institute on Drug Abuse*. Retrieved from <http://www.drugabuse.gov/about-nida/noras-blog/2014/03/unodc-recommends-treating-addiction-health-not-legal-issue>
- U. S. Congress. (1997). Adoption and safe families act. *One Hundred and Fifth Congress of the United States of America*. Retrieved from <http://www.gpo.gov/fdsys/pkg/BILLS-105hr867enr/pdf/BILLS-105hr867enr.pdf>
- U.S. Department of Health and Human Services (HHS). (2014). Protecting children in families affected by substance use disorders. Washington, D.C.: U.S. Government Printing Office. Retrieved from <https://www.childwelfare.gov/pubPDFs/substanceuse.pdf>
- U.S. Department of Health and Human Services (HHS). (2005). Results from the 2004 national survey on drug use and health: National findings. Retrieved from <http://www.drugabusestatistics.samhsa.gov/nsduh/2k4nsduh/2k4results/2k4results.htm#ch3>

- 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, D.C.: U.S. Government Printing Office.
- U.S. Department of Justice, Office of Justice Programs, Office of Juvenile and Delinquency Prevention. (2013). OJJDP FY 2013 family drug court training and technical assistance program. *OMB* No. 1121-0329.
- U.S. General Accounting Office [GAO]. (1998). Foster care: Agencies face challenges securing stable homes for children of substance abusers. Washington, DC: Author.
- U.S. Government Accountability Office Health, Education, and Human Services Division [GAO]. (1997). Parental substance abuse: Implications for children, the child welfare system, and foster care outcomes. U.S. General Accounting Office.
- U.S. Government Accountability Office [GAO]. (1994). Foster care: Parental drug abuse has alarming impact on young children: HEHS-94-89. U.S. General Accounting Office.
- U.S. Sentencing Commission. (2015). 2014 sourcebook of federal sentencing statistics. *U.S. Office of Affairs*. Retrieved from <http://www.ussc.gov/research-and-publications/annual-reports/sourcebooks/2014/sourcebook-2014>
- Walsh, C., MacMillan, H. L., & Jamieson, E. (2003). The relationship between parental substance abuse and child maltreatment: Findings from the Ontario health supplement. *Child Abuse & Neglect*, 27, 1409-1425.

- 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), 1-8.
- Winick, B. J. (1991). Harnessing the power of the bet: Wagering with the government as a mechanism for social and individual change. In D.B. Wexler (Ed.), *Essays in therapeutic jurisprudence*. Durham: Carolina Academic Press.
- 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, 427-443.
- Young, N. K., Gardner, S. L., Whitaker, B., Yeh, S., Oterso, C. (2005). A review of alcohol and other drug issues in the states' child and family services reviews and program improvement plants. Report prepared by the National Center on Substance Abuse and Child Welfare for the Center for Substance Abuse Treatment, SAMHSA, Office on Child Abuse and Neglect, Children's Bureau, ACYF (Administration for Children, Youth and Families): Irvine, CA

APPENDIX A
IRB APPROVAL LETTER

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World
Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885



April 10, 2015

Ms. Rebekah Rich
School of Social Work and Sociology
ACU Box 27866
Abilene Christian University

Dear Ms. Rich,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Family Dependency Treatment Court in Taylor County, TX" has been approved for a period of one year (IRB # 15-035).

If this project is continued beyond a one-year period, you need to submit an additional request for review. Please notify this office when you have completed your study.

If any problems develop with the study, please inform the Office of Research and Sponsored Programs promptly.

I wish you well with your work.

Sincerely,

A handwritten signature in black ink, appearing to read 'Susan Lewis'.

Susan Lewis, Ed.D.
Vice Provost

cc: Dr. Alan Lipps

APPENDIX B

INTERVIEW PROTOCOL

Date:

Interviewer Name:

Respondent Name:

Respondent Title/Position:

Respondent Organization:

Hello, my name is Rebekah Rich and I am completing a research study on alternative ways of handling parental substance use in the Taylor County child welfare system. This study specifically seeks to determine if public support and resources exist for a Family Dependency Treatment Court in Taylor County. Thank you for agreeing to participate in this interview. I am interviewing you today because of your knowledge of the Taylor County child welfare system. The interview will take approximately 30 minutes, and I hope you will be as open and honest as possible in answering my questions. The risk in participating in this interview is very low. Your answers will be kept confidential, and at no time will your name be publicly attached to data collected through this process. Your participation is entirely voluntary. You may choose not to answer any or all of the questions, and you may choose to end this interview at any time. With your consent, I will record this interview so that I can transcribe what is said exactly and not miss any of your important answers.

Do you have any questions before we start?

Good, let's begin.

Current Taylor County Practices and Processes

1. Can you describe what typically happens when a substance or drug use problem is identified in a parent of a child receiving child welfare (protection) services?
 - a. To the parent?
 - b. To the child?
2. Can you describe any services or resources, within the child welfare system, that are available specifically to address substance use problems in those parents who are identified as having such a problem?
3. What services are mandatory for parents with identified substance use disorders?
4. Can you list and describe any options that are available for parents identified as having a substance use problem to address the substance use? (e.g., treatment, jail, other)

5. Do any mandatory services (i.e., counseling) have associated fees?
 - a. If a parent cannot afford the fees for mandatory services, what are the consequences?
 - b. Is there funding available to assist with these fees?
6. In what ways do you believe the services or processes described above could be improved?

Impact of Parental Substance Abuse in Taylor County Child Welfare Services

1. What effect does parental substance use have on the Taylor County Child Protection system (e.g., increased costs, increased caseload demands, disruption of child attachment/development, disruption of permanency)?
2. What effects do you believe parental substance use disorders have on the welfare of children in Taylor County?
 - a. By leaving a child in the home of a substance-abusing parent (or parents)?
 - b. By removing a child from that home and placing them in foster care?
3. In what ways do you think that substance use disorders create recurring instances or reports of child abuse? (Or recurring need for CPS or legal intervention)

Knowledge and Opinions Regarding Treatment Options

1. Please share your opinion(s) regarding the usefulness of substance abuse treatment as a pathway to parent-child reunification.
2. Specifically relating to parents of children receiving child welfare services who have substance use disorders, what can be done to increase permanency (decrease recidivism)?
3. What resources do you believe Taylor County needs in order to increase permanency (decrease unnecessary child removal/placement) with parents who have substance use disorders and children receiving child welfare services?

Knowledge and Opinions Regarding Family Dependency Treatment Court

1. What knowledge and opinions do you have of family dependency treatment courts?
2. How useful do you think a Family Dependency Treatment Court would be in Taylor County?
3. What additional resources would need to be in place to support a Family Dependency Treatment Court in Taylor County?
4. Do you believe the costs associated with implementing a Family Dependency Treatment Court would be offset by the benefits of the same?

APPENDIX C

INFORMED CONSENT

Dear participant:

You are being asked to participate in a research project that seeks to determine if a need exists to provide alternative methods for addressing substance abuse in parents involved in the child welfare system in Taylor County. This study will also determine if public support and need exists for a Family Dependency Treatment Court in Taylor County. This phase of the study involves interviewing key informants. You have been selected as a key informant because you have been identified to have specific knowledge about the Child Welfare System in Taylor County, Texas.

Please read the form carefully. Your time and consideration are invaluable and appreciated.

Project Title: Parental Substance Abuse and the Need for Family Dependency Treatment Court in Taylor County, Texas.

Researcher: Rebekah Rich, MSSW Candidate; Graduate Intern at Big Country CASA

Background Information of Study

When a substance abuse problem is identified in a parent who has a small child, the child is often removed from the home and placed in foster care. For reunification to occur, the parent is required to complete services. Existing services, however, may not adequately address substance use for these parents. Family Dependency Treatment Courts are specifically designed to rehabilitate parents using court-mandated substance abuse treatment services in addition to those services already ordered by the court.

Introduction:

You are being asked to take part in a study by Rebekah Rich, a graduate student in the Abilene Christian University School of Social Work program.

Your participation is strictly voluntary. Any identifying information you provide will remain confidential. Your decision to participate, or not participate, in the interview will not result in any adverse consequences to you. You may choose to withdraw from this study at any time without penalty.

If you agree to participate, you will be asked to answer questions that elicit your knowledge of, and informed opinions about, current issues within Taylor County that are

directly related to best practices for addressing substance abuse in parents. You will also be asked about your knowledge of Family Dependency Treatment Court and to what degree you believe FDTC is needed in addition to current practices and resources in Taylor County.

Risk/Benefit:

Because this study is designed to seek professional knowledge and opinions, potential for harm to you is unlikely. The only foreseeable risk is the possibility that you may provide sensitive information and that sensitive information:

1. Could be leaked to persons not involved with the research
2. Could cause you emotional stress.

To protect you from this risk, the confidentiality of any data you provide will be strictly protected.

Compensation:

Although your participation is greatly appreciated, you will receive no monetary compensation for your time and attention.

Confidentiality:

Information gathered through the interviews during the course of this study will be kept confidential. No identifying information will be used as part of this study. An anonymous code will be used as identifying information and your name and replies will be known to at most two persons, the interviewer and Dr. Alan Lipps, the thesis chair for this study. You may be assured that any reports of this research will contain only data of an anonymous nature. Your name will not be used.

Contacts and Questions:

If you have questions about this study, please feel free to contact Rebekah Rich at rsr11b@acu.edu.

Thank you,
Rebekah Rich, MSSW Candidate
Intern at Big Country CASA
Abilene Christian University

Signature

Date

Printed Name