

Increasing Family Reunification for Substance-Abusing Mothers and Their Children: Comparing Two Drug Court Interventions in Miami

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ABSTRACT

This study provides a quasi-experimental test of 80 consecutive enrollments in the Miami-Dade (Florida) Dependency Drug Court in order to examine the impact of a family-based and gender specific intervention, Engaging Moms Program (EMP), on drug court graduation and family reunification. We compared EMP with case management services (CMS). Results indicated that 72% of mothers in the EMP graduated from drug court, and 70% were reunified with their children. In contrast, 38% of mothers receiving CMS graduated from drug court, and 40% were reunited with their children. EMP, then, appears to be a promising family drug court intervention.

Parental substance abuse has been associated with numerous negative consequences for children, including recurring maltreatment (Walsh, MacMillan, & Jamieson, 2003;

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Wolock & Magura, 1996; Wolock, Sherman, Feldman, & Metzger, 2001); long stays in foster care (Dore, Doris, & Wright, 1995; Zuravian & DePanfilis, 1997) and low rates of family reunification (U.S. General Accounting Office, 2003); economic deprivation, instability in the home, and poor childrearing practices (Dishion, Patterson, & Reid, 1988; Magura & Laudet, 1996; Mayes & Bornstein, 1996; Wills, Schreibman, Benson, & Vaccaro, 1994); exposure to domestic violence (VanDeMark et al., 2005); and impaired physical and behavioral development and mental health and substance use disorders (e.g., Cohen & Brook, 1987; Connors et al., 2004; Luthar, Cushing, Merikangas, & Rounsaville, 1998; Singer et al., 2002). Not surprisingly, large numbers of child maltreatment cases involve drug-using parents (Semidei, Radel, & Nolan, 2001; Wolock et al., 2001; Young, Gardner, & Dennis, 1998), many of whom continue using drugs even while under court supervision (Murphy et al., 1991).

Federal child welfare laws, most notably the Adoption and Safe Families Act (ASFA) of 1997, and state statutes implementing those and other changes have dramatically changed the operation of juvenile/family courts. Courts, for example, have been required to take a more active role in developing service plans for families and in ensuring that each child is placed in a permanent and stable home (Hardin, 1996; Harrell & Goodman, 1999). During the reunification process, parents are court-ordered to complete various programs designed to address the problems that brought the child to the attention of state authorities. If parents successfully complete the programs, their children may be returned to them. If not, and reunification is not possible, courts must continue permanency planning efforts for the child, which may include termination of parental rights to free the child for adoption. ASFA also shortened the time for the permanency determination from 18 months to 12 months and, as a result, the permanency planning hearing must be held within 12 months after the finding of dependency.

The demands ASFA placed on child welfare systems and juvenile/family courts, combined with the growing numbers of substance-abusing parents involved in child welfare proceedings, have strained the systems' ability to successfully resolve cases in the expeditious manner required by law. Acknowledging the systemic changes, Magura and Laudet (1996) concluded that "a paradigmatic shift is taking place whereby the child welfare field is recognizing the need to deal with substance abuse as it relates to issues of family dynamics and early childhood interventions" (p. 211). Many courts have looked at the promising results from criminal drug courts (Belenko, 2001), and have turned to dependency drug courts as the answer (Harrell & Goodman, 1999; Semidei et al., 2001). As a result, dependency drug courts have multiplied.

Drug courts, with their emphasis on recovery and personal transformation in lieu of punishment, embody the principles of therapeutic jurisprudence (Belenko, 1998; Goldkamp & Weiland, 1993; Wexler & Winick, 1991). A court that adheres to those principles uses the social sciences to guide judicial programs and decisions designed to rehabilitate the participant. For example, the core elements of drug courts include comprehensive assessment of service needs, regular use of drug testing, linking the participant to services, and a non-adversarial relationship between the parties.

As of June 2009, there were over 250 dependency drug courts operating in the United States (Bureau of Justice Assistance, 2009). Although there is significant enthu-

siasm for dependency drug courts (Edwards & Ray, 2005), there have been few investigations of their effectiveness (Belenko, 2001; Green, Furrer, Worcel, Burrus, & Finigan, 2009). A small number of evaluations indicate that the dependency drug court has promise (Boles, Young, Moore, & DiPirro-Beard, 2007; Green, Furrer, Worcel, Burrus, & Finigan, 2007; Haack, Alemi, Nemes, & Cohen, 2004) even though there are wide variations between drug courts (Green et al., 2009). As a result, the verdict is still out about the general effectiveness of dependency drug courts and the components of effective drug courts in particular.

Family/dependency drug courts were established to assist courts and child welfare agencies in their efforts to help parents overcome their drug dependency so they can provide a healthy and safe environment for their children and avoid losing their parental rights. Each family/dependency court has unique features, but most share basic components. For example, to graduate, participants must have successfully completed substance abuse treatment; have a specified period of continuous abstinence; show evidence of a safe and stable living situation; spend a substantial period adequately performing the parent role; and have a life plan in place (e.g., employment, education, vocational training; Cooper & Bartlett, 1998).

Moreover, most family/dependency drug courts employ court caseworkers who provide case management services to the participants, including referrals to treatment and other court-ordered services, developing a recovery service plan, and monitoring and reporting clients' ongoing progress to the court. Although the influential role of the drug court judge and substance abuse treatment program to positive outcomes has been noted (Edwards & Ray, 2005; NADCP, 1997), little attention has been focused on intervention models, drug court caseworkers, and the quality of their work.

One intervention program, the Engaging Moms Program (EMP), was initially conceived as a brief, family-oriented intervention aimed at facilitating treatment for mothers with substance-exposed infants. An initial study of the approach (Dakof et al., 2003) indicated that it successfully facilitated the entry and retention of mothers who were abusing drugs but not seeking drug treatment. For example, 88% of mothers randomly assigned to EMP enrolled in drug treatment programs as compared to 46% of mothers assigned to the usual community services. Further, 67% of mothers in EMP remained in treatment for at least four weeks as compared to a 38% retention rate among the control group of mothers. Based on these findings and the interest they generated among child advocates in Miami, in 2001 the EMP was expanded in scope and duration and adapted for use in the dependency drug court in the Eleventh Judicial Circuit in Miami-Dade County, Florida. Up until then, the Court had been using a standard recommended intervention protocol that relied on extensive judicial oversight and standard court-based case management services (Cooper & Bartlett, 1998; Harrell & Goodman, 1999; Monchick, Scheyett, & Pfeifer, 2006; NADCP, 1997).

The aim of this study was to examine the effectiveness of the EMP when compared to standard family/dependency drug court case management services (CMS). It was hypothesized that significantly more mothers involved in EMP, as compared to mothers receiving CMS, would: (a) graduate from the family/dependency drug court; and (b) be reunified with their children.

METHOD

Design and Procedures

Once the Dependency Drug Court decided to adopt EMP to replace standard case management, independent of any research goals, we took the opportunity to analyze extant court record data on child welfare outcomes on mothers enrolled in drug court prior to and then after the programmatic change. This study is, as a result, a natural experiment of 80 consecutive admissions into dependency drug court. All women who were enrolled in drug court during the target two years were included in the analysis. Enrollment covered a two-year period, and follow-up was conducted 15 months after a mother's entry into drug court. The first phase was the 12-month Case Management Phase, which consisted of dependency drug court-based caseworkers delivering a standard case management model, ($N = 37$), and the second 12-month period, the Engaging Moms Phase, consisted of dependency drug court-based caseworkers delivering the alternative EMP model ($N = 43$). After obtaining approval from the Institutional Review Board, data for the study was gathered from extant court records by court personnel who then provided the first author a de-identified, completely anonymous database.

Intervention Groups

Mothers in both phases had the same judge and were expected to follow the same basic dependency drug court requirements: i.e., completing drug treatment and remaining drug free; completing parenting classes and demonstrating adequate parenting skills; participating in educational/vocational training, domestic violence, or other counseling as ordered by the judge; obtaining adequate and stable housing; and being gainfully employed or in school. There were no policy, legal, or structural changes during the course of the study other than the implementation of the Engaging Moms Program.

The basic dependency drug court program that was provided to all mothers was organized into four phases, and a mother progressed through the phases based on her level of substance abuse treatment and compliance with court orders. For example, during the first month of dependency drug court, mothers were required to attend weekly drug court hearings, and if reports to the court indicated that the mother was progressing well, attendance at court hearings was typically reduced to twice monthly. During the second phase of the program, which lasted three months, clients continued to attend twice monthly hearings, but in the next three-month phase, attendance at hearings was reduced to once a month. During the fourth and final phase, which extended to graduation from the drug court program, the mothers attended hearings every 6 to 12 weeks. The multi-phased process included a collaborative team approach that involved the court caseworkers, child welfare workers, treatment providers, parent educators, and other social and health care service providers as needed. Drug court caseworkers had weekly contact with their clients, either in person or by telephone through phase 2, then bi-weekly in phase 3, and monthly in phase 4. Workers were available more frequently on an as-needed basis. The caseload for drug court caseworkers was between 10-15 active

cases. The only difference between the CMS and EMP groups was the working relationship between the drug court caseworker and the mothers; all other aspects of the programs, including overall requirements, phases, and sanctions and rewards, were exactly the same.

Drug Court Caseworkers. Seven women, all with Masters Degrees in counseling or social work (four White Non-Hispanic and three Hispanic), delivered the Case Management Services program. Five of the seven (two White Non-Hispanic and three Hispanic) then delivered the Engaging Moms Intervention. Overall, the CMS caseworkers had an average of 5.86 years of experience in the field before they engaged in delivering services and the EMP caseworkers had 5.8 years of prior experience. The caseworkers were trained by experts in court case management and EMP before delivering the interventions, and they participated in one booster training each year. All caseworkers received weekly supervision from the drug court coordinator.

Case Management Services (CMS) provided by the court was consistent with standard dependency/family drug court models (e.g., Boles et al., 2007), and provided five key case management functions: assessment, planning, linkage, monitoring, and advocacy (Monchick et al., 2006). The overall objective was to assess needs, engage in collaborative intervention planning, provide referral to suitable drug abuse treatment and other services, coordinate the system of care providing services to the mother, closely supervise and monitor compliance with court orders, and advocate for the mother with service providers. Case managers served as liaisons between the court, substance abuse treatment providers, child welfare, and the client. The case manager was responsible for making referrals to treatment and other court-ordered services, developing a recovery service plan, monitoring and reporting clients' ongoing progress to the court, reducing any barriers to the delivery of treatment and other services, and providing emotional and practical support to the mother.

Engaging Moms Program (EMP) was adapted for use in a family drug court context. It is a gender-specific and family-based intervention. EMP was designed to help mothers succeed in drug court by helping them comply with all court orders, including attending substance abuse and other intervention programs (e.g., domestic violence counseling, parenting classes, etc.), attending court sessions, remaining drug free, and demonstrating the capacity to parent their children. EMP caseworkers conducted individual and conjoint sessions with the mother and her family, focusing on six core areas of change: (1) motivation and commitment to succeed in drug court and to change her life; (2) the emotional attachment between the mother and her children; (3) relationships between the mother and her family of origin; (4) parenting skills; (5) mother's romantic relationships; and (6) emotional regulation, problem solving, and communication skills. The EMP theory of change believes that change in the six core areas is essential if the drug-using mother is to achieve sobriety and be able to adequately care for her children.

EMP caseworkers facilitate change in the six core areas by conducting a series of integrated individual and family sessions (e.g., individual sessions with mother, individual sessions with family/partner, family and couple sessions, etc.). The intervention is organized in three stages: Stage 1: Alliance and Motivation; Stage 2: Behavioral Change; and Stage 3: Launch to an Independent Life.

In Stage 1, the caseworker focuses on two goals: building a strong therapeutic alliance with the mother and her family and enhancing the mother's motivation, as well as her family's motivation to change. EMP caseworkers provide total support to both the mother and her family. They empower and validate, highlight strengths and competence, build confidence in the program, and are very compassionate, loving, and nurturing. To enhance motivation, the EMP caseworker highlights the pain, guilt, and shame that the mother and her family have experienced, and the high stakes involved (e.g., losing a child to the child welfare system) while simultaneously creating positive expectations and hope.

Stage 2 is focused on behavioral change in both the mother and her family/spouse. EMP has several goals for this stage. First, caseworkers enhance the emotional attachment between the mother and her children by working individually with the mother to help her explore her maternal role. There are also sessions between the mother and her children designed to enhance her commitment to her children. Equally important, caseworkers work to enhance the attachment between the mother and her family of origin and/or spouse by helping the family restrain negativity and offer practical and emotional support to the mother. Considerable attention is devoted to repairing the mother's relationship with her family which frequently has been damaged by past hurts, betrayals, and resentments. Romantic relationships, typically with men, have often been a source of pain and distress for many of the mothers involved in the child welfare system. The EMP program addresses those relationships by helping the mother conduct a relationship life review, including examining tensions between having a relationship and being a mother. The caseworkers help the mother examine the relationship choices she has made, and continues to make, teaching her how to make better decisions for herself and her children. EMP caseworkers also help the mother deal with slips, mistakes, setbacks, and relapses in a non-punitive and therapeutic manner (i.e., forward looking). Finally, in Stage 2, EMP caseworkers help facilitate the mother's relationship with court personnel (judge, child welfare workers, and attorneys) and treatment or other service providers. The EMP caseworker conducts "shuttle diplomacy" between the mother and service providers to prevent and resolve problems and to ensure that the mother is taking full advantage of the provided services. Similarly, the caseworkers facilitate therapeutic jurisprudence in the courtroom by preparing mothers for court appearances and advocating for her before the judge and at the weekly drug court case reviews.

In Stage 3, the final launching phase, the EMP caseworker helps the mother prepare for independence by developing a practical and workable routine for everyday life; addressing how the mother will balance self care, children and work; outlining a plan for dealing with common emergencies with children and families; developing a detailed relapse prevention plan; and addressing how the mother will deal with potential problems, mistakes, and setbacks.

Data Source

Data for this study were extracted by drug court personnel from extant family drug court records on 80 women enrolled in the Miami Dependency Drug Court, and a de-identified dataset was provided for data analysis.

Participant characteristics. Information on the following characteristics was collected: age; race/ethnicity (Black non-Hispanic, White non-Hispanic, Hispanic, other); number of children; educational attainment (less than high school, completed high school, more than high school); public assistance status; marital status (never married currently married or partnered, divorced, separated, or widowed); drug of choice (cocaine, marijuana, alcohol, polydrug); age at first drug use; age at birth of first child; lifetime arrests; lifetime physical abuse; and lifetime sexual abuse.

Graduation from family drug court and reunification with children. Drug court documents were reviewed to determine whether the mother graduated from the drug court and was reunified with any of her children. Decisions regarding graduation and reunification are made by the drug court judge, and hence are subject to the ordinary biases operating in all judicial decision making. The dependency drug court team, consisting of the CMS or EMP caseworker, child welfare workers, substance abuse treatment providers, and others, makes recommendations to the judge about graduation and reunification. The judge, in reviewing the mother's history and progress, makes the final decision whether a mother should or should not graduate from the drug court program. Child welfare outcomes were categorized into one of three possible categories: (1) reunification, (2) voluntary surrender, or (3) termination of parental rights.

RESULTS

Participants

Data extracted from administrative court records (See Table 1) indicate that mothers involved in Dependency Drug Court were primarily Black or Hispanic, in their 30s, low income, and with little education. On average, they had approximately three children and were 21 at the birth of their first child. The majority were unmarried. Many of the mothers had a history of trauma as a consequence of being a victim of physical and/or sexual abuse and/or being arrested. In most cases, the drug of choice was cocaine or crack. The information suggests that the women in the program had limited resources and considerable challenges, which is similar to participants in other studies examining substance-abusing and child welfare-involved parents (e.g., Dawson & Berry, 2002; Maluccio & Ainsworth, 2003; Walsh et al., 2003).

To determine whether the CMS and EMP groups were equivalent at baseline, one-way analyses of variance (ANOVA) were conducted for the continuous variables of age, number of children, age at first drug use, and age at birth of first child. Chi-square tests were used for the categorical variables of race/ethnicity, education, public assistance, marital status, drug of choice, lifetime physical abuse, and lifetime sexual abuse. There were no statistically significant differences between the two groups on any of these variables at baseline. Thus, even though the study was not a randomized design, the two groups were equivalent at baseline on key demographic variables.

TABLE 1
Baseline Participant Characteristics for Each Engagement Group

<i>Characteristics</i>	<i>Dependency Drug Court</i>	
	<i>Engaging Moms</i>	<i>Services as Usual</i>
	<i>n (%) / M (SD)</i>	<i>n (%) / M (SD)</i>
Race/Ethnicity		
Black	26 (60)	20 (54)
Hispanic	12 (28)	10 (27)
White, non-Hispanic	3 (7)	6 (16)
Other	2 (5)	1 (3)
Number of Children	3.5 (1.9)	3.1 (1.9)
Education		
<High School	27 (63)	20 (54)
High School Graduate	13 (30)	13 (35)
>High School	3 (7)	4 (11)
On Public Assistance	34 (79)	33 (89)
Marital Status		
Never Married	26 (61)	19 (52)
Married or with Partner	7 (16)	9 (24)
Divorced/Separated/Widowed	10 (23)	9 (24)
Drug of Choice		
Cocaine/Crack	23 (53)	24 (65)
Marijuana	6 (14)	1 (3)
Polydrug (3 or more)	14 (33)	12 (32)
Age First Drug Use	18 (5.4)	19.6 (5.8)
Age First Baby Born	21 (5.9)	21.5 (6.0)
Lifetime Arrests	2.6 (3.5)	2.5 (4.1)
Lifetime Physical Abuse	19 (53)	16 (44)
Lifetime Sexual Abuse	13 (36)	10 (28)

Dependency Drug Court Graduation and Family Reunification Analyses

Hypothesis 1 predicted that mothers in the EMP would be significantly more likely to graduate from family drug court than mothers in the case management program. As shown in Table 2, this hypothesis was supported ($\chi^2(1, N = 80) = 9.43, p = .002$), with 72% of the mothers receiving EMP successfully graduating from dependency/family drug court compared to 38% of the mothers receiving CMS.

Hypothesis 2 predicted that mothers in EMP would be significantly more likely to be reunified with their children 15 months after entry in the dependency drug court than mothers participating in standard case management. As shown in Table 2, this hypothesis was also supported ($\chi^2(2, N = 80) = 7.59, p = .022$), with 70% of the mothers

TABLE 2
Graduation from Family Drug Court and Family Reunification

	<i>Dependency Drug Court</i>	
	<i>Engaging Moms</i>	<i>Services as Usual</i>
	n (%)	n (%)
Drug Court Graduation		
Graduate	31 (72)	14 (38)
Did not Graduate	12 (28)	23 (62)
Family Reunification		
Reunified	30 (70)	15 (40)
Voluntary Surrender	4 (9)	4 (11)
Filed for TPR	9 (21)	18 (49)

receiving EMP being reunited with their children 15 months after entry into drug court compared to 40% of the mothers receiving CMS.

DISCUSSION

The results demonstrate that EMP has considerable promise in fostering reunification for substance-involved mothers enrolled in dependency drug court. Seventy-two percent of the mothers graduated from drug court, and 70% were reunited with their children.

Drug court graduation rates for the Engaging Moms Program compare favorably with drug court graduation rates generally, which range from 23% (Vito & Tewksbury, 1999) to 57% (Sechrest & Shicor, 2001), averaging about 47% (Belenko, 2001). The 15-month family reunification rates of 70% compare favorably with family reunification rates among drug-using and child welfare-involved mothers which have historically been under 25% (Choi & Ryan, 2006; Ryan, Marsh, Testa, & Louderman, 2006), and family drug courts which range from 42% to 91% (Green et al., 2009).

Even though the results of this study suggest that EMP shows promise as a family/dependency drug court intervention, the study has several major limitations and should be considered only as a hypothesis-generating study and not a hypothesis-testing study. First, it was a naturalistic study, taking advantage of a programmatic shift within the dependency drug court and essentially examined whether the programmatic changes (implementing EMP) showed better child welfare outcomes than standard drug court case management practices. Thus, its non-randomized design contains serious threats to internal validity. Also, the judge was not blind to the interventions by court caseworkers which could possibly bias the outcomes toward EMP. It is possible that since the judge was responsible for bringing EMP to the dependency drug court, and perhaps expected

better outcomes, she may have been biased toward graduating mothers from drug court and reunifying them with their children. It is also important to recognize that the judge making the decisions examined in this study was also the founder of the dependency drug court in Miami, so if there was any bias in favor of EMP, there would have also been a bias toward the case management phase because the judge would want to demonstrate that the dependency drug court could be successful. Although it is likely that there was some judicial bias for successful results, it is important to recognize that a judge's first duty is to protect the children, and it is highly unlikely that a judge would allow reunification if he or she thought the children would be at risk.

The data were limited to information contained in the court records, which prohibited us from examining factors that might have influenced reunification, such as domestic violence, mental health disorders, housing, and related factors. Finally, there were no measures of intervention integrity or quality of the clinical work. Although court caseworkers received weekly supervision in the model they were implementing, we cannot know if they were consistently adhering to the models. Also, it is important to recognize that the five staff who delivered the EMP also delivered the standard case management, and it is possible that they had better outcomes with EMP, not because of the nature of the EMP intervention but simply because they were more experienced in working with the drug court populations and procedures because EMP was implemented after CMS. Nevertheless, there are very few studies examining permanency and family reunification in the context of family or dependency drug court, and despite its limitations, this study is a first step to examining how EMP may be well-suited for dependency drug court settings.

Drug abuse among women with children is a serious social and public health problem that not only damages the mothers, but also places their children at risk of abuse, neglect, and myriad social, health, and behavioral problems. Moreover, mothers involved in the child welfare system who have substance abuse problems are more likely to have their parental rights terminated than non-drug-using, child welfare-involved mothers (Marcenko, Kemp, & Larson, 2000). Thus, there is increasing urgency to develop new ways of working with substance-abusing parents involved in the child welfare system (Kerwin, 2005; Maluccio & Ainsworth, 2003; Marsh & Cao, 2005; Young et al., 1998). Efforts to protect children by healing and strengthening their mothers is arguably the best way to improve child outcomes, especially when considering results which indicate that substance abuse interventions delivered to parents, even when not directly targeting the children, have been shown to improve the psychosocial functioning of children (Kelley & Fals-Stewart, 2002; Moos, Finney, & Cronkite, 1990).

The challenges faced by substance-abusing mothers involved in the child welfare system are monumental, but the effort seems worthwhile when one considers the impact of maternal success or failure on the developmental trajectory of their children. Results from this and other studies (e.g., Marsh, Ryan, Choi, & Testa, 2006; Grella & Greenwell, 2004) suggest that mothers need comprehensive and intensive interventions to overcome their addiction and other life problems. Thus, any intervention that facilitates recovery and family reunification must be further evaluated and replicated. Even though dependency drug courts have an increasingly important role to play in combating these

problems and promoting healthy families, there are few well-specified intervention programs aimed at drug-abusing mothers suitable for use in these drug courts. The results from this pilot study and other evaluations (Green et al., 2009) suggest that not all dependency drug court models are equal, and it is imperative that we begin to discover the key ingredients of effective dependency drug courts. The Engaging Moms Dependency Drug Court Model has the potential to enhance a mother's chances for reunification, consistent with ASFA timelines, despite the challenges of substance abuse, poverty, mental health issues, and trauma. If the promising results presented here are replicated in more highly controlled studies, the impact on an under-served population could be considerable, and could promote a stronger and more effective partnership among the judiciary, child welfare caseworkers, and treatment providers.

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