# Family Drug Courts: Conceptual Frameworks, Empirical Evidence, and Implications for Social Work

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

## IMPLICATIONS FOR PRACTICE

- In all studies reviewed, substance abuse-affected families exhibited improved outcomes in family drug courts compared to similar families in traditional child welfare courts.
- Practitioners should learn about the presence of local family drug courts and inform eligible families about the costs and benefits associated with participation.
- Continued research into family drug court best practices and dissemination of the FDC model to underserved jurisdictions is needed.

Since the mid-1980s frontline social workers have witnessed the rise of families with drug involvement entering the child welfare system (CWS). Research from that time revealed that the proportion of birth certificates indicating maternal substance use during pregnancy tripled between 1981 and 1988, and up to 20% of infants were born drug exposed (Chavkin, 1990). These cases were not only more prevalent but also more challenging due to the intractable nature of substance dependence. Twenty years ago, the first family drug court (FDC) was created in an attempt to improve outcomes for these cases. FDCs are alternative child welfare courts specifically for families with parental substance abuse. They take a nonadversarial, team approach, emphasize quick entry into substance abuse treatment, and offer more structure, accountability, and support than do customary dependency courts. Despite their national presence for two decades, limited scholarship has evaluated their effectiveness.

The purpose of this article is to evaluate whether FDCs are effective for reunifying parents who have substance involvement with their children following foster care, understand the strengths and weaknesses of FDCs, and address social work's role in FDCs. This article begins by summarizing the needs of this population and introducing FDCs from a conceptual and policy standpoint. Thereafter, a multidimensional review of the empirical literature—adapted from Petr's (2009) methods for evaluating best practices—is presented. In closing, a discussion of findings and implications for social work and FDCs is offered.

### Substance Abuse and Child Maltreatment

Parental substance abuse is widespread in the CWS. Testa and Smith (2009) rigorously reviewed the literature and found that substance abuse is reported in 11–14% of investigated child welfare cases and in 50–79% of cases where the child is removed and placed in out-of-home care. These children face worse outcomes than children in the CWS for other reasons (Barth, Gibbons, & Guo, 2006). Prior research suggests that these children stay in foster care longer, are less likely to reunify (Brook, McDonald, Gregoire, Press, & Hindman, 2010), and experience higher rates of termination of parental rights (Connell, Bergeron, Katz, Saunders, & Tebes, 2007). Even if these families achieve reunification, the children are more likely to end up back in the CWS (Barth et al., 2006; Brook & McDonald, 2007).

Prior research has examined what predicts successful reunification for families with a parent who abuses substances. Grella, Needell, Shi, and Hser's (2009) analysis of California Treatment Outcome Project data found that a parent's completion of at least 90 days of substance abuse treatment doubled the likelihood of reunification regardless of treatment modality. The results also showed that mothers in programs with high levels of family-related, education, or employment services were twice as likely to reunify as those in programs with low levels of these services. Other studies have found that reunification was more likely in cases where the mother had multiple needs met through an array of services including substance abuse

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treatment, mental health (Grant et al., 2011), housing, family counseling (Choi & Ryan, 2007), parenting classes, and individual counseling (D'Andrade & Nguyen, 2013). These findings indicate that in order to prepare parents to reunite with their children and sustain their recovery, all biopsychosocial needs must be addressed.

## Family Drug Courts

The purpose of FDCs "is to protect the safety and welfare of children while giving parents the tools they need to become sober, responsible caregivers" (Bureau of Justice Assistance & Center for Substance Abuse Treatment [BJA & CSAT], 2004, p. 4). To achieve this goal, FDCs take a more intensive and treatment-oriented approach to handling dependency cases than do traditional child welfare courts. FDCs are modeled on criminal drug courts, which were started in the late 1980s to confront the rising population of people with drug dependence in the criminal justice system (Hora, 2002). Drug courts are overseen by a team of professionals (including attorneys and treatment providers), with the judge in the leadership role. A key difference between FDCs and criminal drug courts is that the looming consequence used to leverage substance abuse treatment compliance is termination of parental rights (TPR), rather than incarceration (Martin & Moore, 2013). Additionally, FDCs balance the needs and rights of the child and the parent, whereas criminal courts are focused exclusively on the adult defendant (BJA & CSAT, 2004; Martin & Moore, 2013).

Like criminal drug courts, clients are never required to participate in an FDC; these are opt-in specialty courts operating within the mainstream system. After a petition is filed in juvenile court alleging child abuse or neglect, a family may be identified as appropriate for an FDC if parental substance abuse is a feature of its case (Pach, 2009). The majority of FDCs require that the child be in custody for the family to participate, although some include cases whose goal is prevention of placement. Frequently, other inclusion criteria include that the charges against the parent are not violent or sexual and that the parent has not had previous TPR (Martin & Moore, 2013). There are many ways that a family can be referred to an FDC, such as by the FDC administrator, the family's caseworker, attorney, or other professional (Pach, 2009). Typically, the FDC judge seeks input from the other team members regarding the decision to bring a family's case to the FDC. Ultimately, however, the judge makes that decision.

Cases proceed in an FDC through phases often aligned with visitation progress. The earliest phase (when the parent has infrequent, supervised visits) might require attendance at weekly court hearings, frequent random drug testing, and more intensive treatment requirements (BJA & CSAT, 2004; Martin & Moore, 2013). By the time the family has achieved temporary reunification, the parent may be going to court once a month, having biweekly or less frequent drug tests, and receiving aftercare treatment services. In an integrated FDC, the judge and team make decisions related to both the dependency case and the parent's substance abuse treatment. In a dual-track FDC, the dependency case, including visitation decisions, are made by a separate juvenile court judge who is kept abreast of the parent's substance abuse treatment progress in the FDC (Pach, 2009). Regardless of FDC type (integrated vs. dual-track), final case outcomes may be made in a general dependency court, although the parent's experience in the FDC influences those decisions. Germane to understanding social work's role in FDCs are both the conceptual foundations of the model as well as the policy context in which these courts are situated. The following presents a brief discussion of each.

### *Conceptual Frameworks*

No theory was cited as a template by the first criminal drug court or FDC judge and so scholars have subsequently turned to therapeutic jurisprudence as a conceptual foundation for these courts (Winick, 2013). Therapeutic jurisprudence rests on the legal supposition that the process of law has therapeutic or antitherapeutic consequences. The framework was developed in 1989 for mental health law, emerging from the 20th-century dialectic of psychiatrist expertise—and then patient rights—foci regarding courtroom decisions (for more on this, see Wexler & Winick, 1991, Chap. 1). Therapeutic jurisprudence recognizes that the courts are a component of the social fabric that contributes to an individual's experience in society and "regards the law as a social force that produces behaviors and consequences" (Hora, 2002, p. 1471). The primary implication of therapeutic jurisprudence in an FDC setting is that substance abuse treatment is integrated into the courtroom intervention, so phenomena such as relapse are viewed from a therapeutic lens, not a punitive one (Hora, 2002). Additionally, the parents' auxiliary needs that interfere with success in substance abuse treatment, such as housing and mental health, receive attention (Young, Breitenbucher, & Pfeifer 2013).

In the ensuing years after the drug court concept emerged, stakeholders further developed the conceptual underpinnings with the "10 key components of drug courts" (see Appendix; National Association of Drug Court Professionals, 1997), which distill their central features. FDCs have adopted the key components as a basic framework (Pach, 2009). Furthering the emerging theory base, the Office of Juvenile Justice

and Delinquency Prevention recently published suggested guidelines for FDCs that are consistent with therapeutic jurisprudence, the key components, and the focus on timely reunification (Young et al., 2013).

### *Policy Context*

In addition to the rise in therapeutic jurisprudence since the early 1990s, changes in child welfare policy have also influenced the proliferation of FDCs. The Adoption and Safe Families Act of 1997 (ASFA), responding to foster children who were lingering in temporary care for years on end, decreased the time frame for the mandatory permanency hearing in child welfare cases from 18 months to 12 months. ASFA mandates child welfare workers to concurrently work toward preserving or reunifying the family as well as alternate permanency plans. At the same time, however, the law incentivizes adoption by awarding states $4,000 for each finalized adoption (ASFA, 1997). This stymies the extent to which efforts are made toward reunification (McDonald, Poertner, & Jennings, 2007).

For families affected by substance abuse, the decreased time frame and emphasis on adoption create barriers to reunification because addiction treatment often requires intensive services over many months (Worcel, Green, Furrer, Burrus, & Finigan, 2007). Due to these realities, families with parental alcohol and drug abuse are less likely to reunify (Brook et al., 2010). The intensive approach used in an FDC aims to reduce the time needed to resolve these cases. These efforts also ensure that the statutory requirements of ASFA are met. However, unlike the adoption focus of ASFA, FDCs emphasize the reunification side of permanency. The introduction to the first monograph written on FDCs states that the courts offer "parents a viable chance to achieve sobriety, provide a safe and nurturing home, and hold their families together" (BJA & CSAT, 2004, p. 4).

### *Social Workers in FDCs*

No prior research has empirically examined the role and scope of social workers in FDCs. BJA and CSAT (2004) suggested that social workers may serve on FDC teams as FDC administrators, substance abuse treatment professionals, child welfare workers, or other stakeholders. Because social workers provide the lion's share of community and social services across the United States, social workers may also be involved with FDCs tangentially as mental health, domestic violence, or family-training providers who work with FDC clients. Because of the presence of social workers in FDCs and surrounding communities, it is pertinent to the social work profession to ask if FDCs are a best practice for substance abuse-affected families in the CWS. Tables 1 and 2 outline the empirical studies that have been undertaken to aid in answering this question.

## Empirical Research Review

### *Method*

A literature search was conducted to identify studies evaluating FDCs. Because this model goes by different names, search terms "family treatment court," "dependency drug court," and "family drug treatment court" were also used. Multiple databases, including Web of Science, Google Scholar, *Social Work Abstracts*, Social Service Abstracts, PsycINFO, and ProQuest Dissertations & Theses Database were searched. Additionally, gray literature were also reviewed via Google Search. Gray literature includes reports and documents that may or may not be peer-reviewed (American Psychological Association, 2010). Reference lists of identified FDC articles and research reports were scanned to discover additional empirical studies. This search process resulted in 42 publications. Articles were included if they met three criteria: (a) research design compared FDC participants to non-FDC participants; (b) sample size was identified and greater than 30 in each group; and (c) outcomes evaluated included time in foster care, reunification rates, and/or reentry. Eighteen publications were reviewed: nine from peer-reviewed literature and nine from gray literature.

### *Results*

Tables 1 and 2 report the results of the empirical review. The far right columns indicate the effect size—the difference between FDC group and comparison group outcomes, which indicates the effect the program has on the dependent variable—in instances where the reported difference was statistically significant. For studies that reported outcomes on a dropout comparison group and a treatment-as-usual (or FDC refusal) comparison group, the effect size was calculated for the FDC group compared to the treatment-as-usual group. Where possible, effect size was calculated by the author when it was not reported. Overall, FDC children spent 39 to 351 fewer days in foster care. The difference in reunification rates ranged 6%–40% in favor of the FDC group.

Within the peer-reviewed literature, three studies compared time in foster care (see Table 1). The results indicate that days saved for the FDC group range from 39 to 351 days. All studies reported statistically significant differences in reunification rates. The effect size of FDC participation on reunification ranged 11%–34% more children returned home than in the comparison group. One study identified in Table 1 was not included in these effect size calculations because it compared (a) FDC graduates to (b) parents who enrolled but did

**Table 1.** *Quantitative Peer-Reviewed Literature Summary of Child Welfare Effects With Family Drug Court and Comparative Samples*

| Source | Sample | Design | Findings | Effect |
|---|---|---|---|---|
| **Peer-Reviewed Literature** ($n$ = 9) | | | | |
| Ashford (2004) | 33 FDC [a]<br>42 CG1<br>45 CG2 | NC | ◴: 8.37 months (FDC) vs. 7.07 (CG1) vs. 11.38 (CG2) ($p < .05$)<br>∪: 52% vs. 39% vs. 30%<br>∩: 46% vs. 30% vs. 50% | −1.3months<br>——<br>—— |
| Boles, Young, Moore, & DiPirro-Beard (2007) | 573 FDC<br>111 CG | HC | ◴: 642 days (FDC) vs. 993 ($p < .01$)<br>∪: 42% vs. 27% (p < .01)<br>∩: 23% vs. 11% | − 351days<br>+ 15% |
| Green, Furrer, Worcel, Burrus, & Finigan (2007) | 250 FDC<br>201 CG | NC | ∪: 57% (FDC) vs. 44% ($p < .01$)<br>∩: 23% vs. 15% | +13% |
| Worcel, Furrer, Green, Burrus, & Finigan (2008) | 301 FDC<br>919 CG | PSMC | ◴: 403 days (FDC) vs. 493 ($p < .01$)<br>∪: 69% vs. 39% ($p < .01$) | − 90days<br>+ 30% |
| Twomey, Caldwell, Soave, Fontaine, & Lester (2010) | 79 FDC<br>58 CG | NC | ∪: 73% (FDC) vs. 39% ($p < .01$) | + 34% |
| Burrus, Mackin, & Finigan (2011) | 200 FDC<br>200 CG | NC | ◴: 252 days (FDC) vs. 346 ($p < .01$)<br>∪: 70% vs. 45% ($p < .01$) | − 94days<br>+ 25% |
| Bruns, Pullmann, Weathers, Wirschem, & Murphy (2012) | 76 FDC<br>76 CG | PSMC | ◴: 476 days (FDC) vs. 689 ($p < .01$)<br>∪: 55% vs. 29% ($p < .01$) | − 213days<br>+ 26% |
| Chuang, Moore, Barrett, & Young (2012) | 95 FDC<br>91 CG | PSMC | ∪: 53% (FDC) vs. 42% ($p < .05$)<br>∩: 2% vs. 12% ($p < .05$) | + 11%<br>− 10% |
| Gifford, Eldred, Vernerey, & Sloan (2014) | 194 FDC [b]<br>215 CG1<br>157 CG2 | NC | ◴: 588 (FDC) vs. 647 (CG1) vs. 596 (CG2)<br>∪: 73% vs. 24% vs. 33% ($p < .01$) | <br>+ 40% |

*Notes.* CN/HC = contemporary nonequivalent and historical comparison; HC = historical comparison; NC = nonequivalent comparison; PSMC = propensity score-matched comparison.
◴ = time in foster care; ∪ = reunification; ∩ = reentry.
Effect size for reunification indicates months or days difference between family drug court (FDC) and comparison group (CG). Effect size for reunification and reentry indicates percent difference in outcome between FDC and CG.
[a] CG1 included participants from two demographically similar zip codes without a FDC. CG2 included individuals from the same zip code as FDC but who refused to participate in FDC.
[b] CG1 included participants who entered FDC but dropped out early. CG2 included individuals from the same county who refused to participate in FDC.

not graduate the FDC to (c) parents who were referred to FDC but did not enroll. Findings of that study indicated that (a) FDC completers were 49% more likely to reunify than (b) noncompleters, and 40% more likely to reunify than (c) referrals who did not enroll (Gifford et al., 2014). Only one peer-reviewed study (Chuang et al., 2012) reported statistically significant differences for reentry rates: The comparison group was 10% more likely to reenter care after reunification.

The gray literature also reported positive outcomes but with wider ranges (see Table 2). Seven of the nine studies reported significant differences in time in foster care ranging from 67 to 307 fewer days in care for the FDC group. The differences in reunification statistics were also significant in seven of eight studies. The effect of FDC involvement on reunification ranged 6–40%. Like Gifford et al. (2014), McMillin (2007) compared three groups: FDC graduates, FDC participants who did not graduate, and those who did not enter the FDC. This research reported that FDC graduates performed significantly better than both those who did not enter the program (FDC sample was 64% more likely to reunify) and those who were discharged prior to completion (FDC sample was 75% more likely to reunify). Only one study in the gray literature reported significant reentry statistics: FDC participants were 7% more likely to reenter foster care after reunification in Worcel et al.'s Sample 1 (2007).

In summary, the results of this review of the empirical literature indicate that children in FDC spent significantly fewer days in foster care and were significantly more likely to be returned home compared to children with parental substance abuse in traditional child welfare courts. There was limited statistically significant evidence of a program effect on reentry rates (only two studies reported differences of significance), and the results varied markedly. Hence, no conclusions can be drawn from the current research regarding reentry rates.

**Table 2.** *Quantitative Gray Literature Summary of Child Welfare Effects With Family Drug Court and Comparative Samples*

| Source | Sample | Design | Findings | Effect |
|---|---|---|---|---|
| **Gray Literature** ($n$ = 9) | | | | |
| Worcel et al. (2007) | 50 FDC1<br>50 FDC2<br>50 FDC3<br>50 FDC4<br>201 CG | PSMC | FDC1<br>◴: 477 days (FDC) vs. 477<br>∪: 56% vs. 45% ($p < .05$)<br>∩: 23% vs. 16% ($p < .05$)<br>FDC2<br>◴: 437 days (FDC) vs. 504 ($p < .01$)<br>∪: 76% vs. 44% ($p < .01$)<br>∩: 9% vs. 12%<br>FDC3<br>◴: 312 days (FDC) vs. 310<br>∪: 57% vs. 55%<br>∩: 1% vs. 1%<br>FDC4<br>◴: 301 days (FDC) vs. 466 ($p < .01$)<br>∪: 91% vs. 45% ($p < .01$)<br>∩: 2% vs. 1% | <br><br>+ 11%<br>+7%<br><br>– 67days<br>+ 32%<br><br><br><br><br>– 165days<br>+ 37% |
| Zeller, Hornby, & Ferguson (2007) | 49 FDC[a]<br>38 CG1<br>55 CG2 | CN/HC | ◴: 589 days (FDC) vs. 688 (CG1) vs. 647 (CG2) ($p < .01$)<br>∪: 21% vs. 28% vs. 25%<br>∩: 7% vs. 7% vs. 9% | – 99days |
| McMillin (2007) | 44 FDC[b]<br>44 CG1<br>36 CG2 | NC | ∪: 86% (FDC grads) vs. 11% (CG1) vs. 22% (CG2) ($p < .01$) | + 64% |
| Burrus, Mackin, & Aborn (2008) | 200 FDC<br>200 CG | HC | ◴: 252 days (FDC) vs. 346 days ($p < .01$)<br>∪: 70% vs. 45% ($p < .01$) | – 94days<br>+ 25% |
| Burrus, Worcel, & Aborn (2008) | 53 FDC<br>26 CG | NC | ◴: 136 days (FDC) vs. 443 days ($p < .01$)<br>∪: 60% vs. 30% ($p < .01$) | – 307days<br>+ 30% |
| Carey, Sanders, Waller, Burrus, & Aborn (2010a) | 329 FDC<br>340 CG | NC | ◴: 307 days (FDC) vs. 407 days ($p < .05$)<br>∪: 51% vs. 45% ($p < .05$) | – 100days<br>+ 6% |
| Carey, Sanders, Waller, Burrus, & Aborn (2010b) | 39 FDC<br>49 CG | NC | ◴: 211 days (FDC) vs. 383 days ($p < .01$)<br>∪: 80% vs. 40% ($p < .01$) | – 172days<br>+ 40% |
| Boles & Young (2010) | 2,873 FDC<br>111 CG | HC | ◴: 352 days (FDC) vs. 369 days<br>∪: 45% vs. 27% ($p < .01$)<br>∩: 17% vs. 23% | <br>+ 18% |
| Bruns et al. (2012) | 76 FDC<br>182 CG | PSMC | ◴: 481 days (FDC) vs. 689 days ($p < .01$)<br>∪: 58% vs. 34% ($p < .01$) | – 208days<br>+ 24% |

*Notes.* CN/HC = contemporary nonequivalent and historical comparison; HC = historical comparison; NC = nonequivalent comparison; PSMC = propensity score-matched comparison.
◴ = time in foster care; ∪ = reunification; ∩ = reentry.
Effect size for reunification indicates months or days difference between family drug court (FDC) and comparison group (CG). Effect size for reunification and reentry indicates percent difference in outcome between FDC and CG.
[a] CG1 included individuals from a demographically similar county without a FDC. CG2 included individuals form the same county as FDC but with cases that adjudicated prior to the existence of the FDC (historical CG).
[b] CG1 included participants who entered FDC but dropped out early. CG2 included individuals from the same county who refused to participate in FDC.

### *Methodological Critique*

Methodological issues were evident in the 18 studies. None of the studies that were reviewed used randomization. Only three peer-reviewed publications (Worcel et al., 2008; Bruns et al., 2012; Chuang et al., 2012) and two other reports (Worcel et al., 2007; Bruns et al., 2012) used propensity score techniques to build the comparison group. Propensity score matching allows researchers to control for predictive covariates when using a comparison group design, in essence, removing variance across groups similar to the effect of randomization (Barth, Guo, & McCrae, 2008). Without controlling for group characteristics, observed effects cannot be attributed to the intervention. In addition to these statistical problems, no studies in this review monitored fidelity to the 10 key components (National Association of Drug Court Professionals, 1997).

## Multidimensional Review

### *Qualitative Review*

A multidimensional review incorporates qualitative research to enhance the context for understanding the phenomenon in question (Petr, 2009). Only one qualitative study with an FDC sample has been published in the peer-reviewed literature, and it centered on a research question only tangentially related to the topic of inquiry in this article. However, several reports and manuscripts in the gray literature present relevant qualitative findings. A summary review of this qualitative material provides further context for interpreting the quantitative findings.

First, the qualitative work described the strengths of FDC as gleaned from interviews or focus groups with FDC parents and professionals. Dobbin, Gataowski, Litchfield, and Padilla (2006) conducted telephone interviews with clients and stakeholders at four FDCs in Utah and reported that parents viewed their relationship with the caseworker as centrally important. Other stakeholders in this study viewed the intensive, coordinated case management; immediacy of assessment and access to services; and multidisciplinary case review meetings (called *staffings*) as most important. Qualitative studies by Worcel and colleagues (2007) and Burrus, Worcel, and Aborn (2008) reported qualitative findings that mirrored many of the concepts that emerged in the Dobbin et al. (2006) study. In summary, the strengths of the FDC program include the positive relationships developed within the court setting, the frequent contact with the court, and the importance placed on substance abuse treatment.

Second, this qualitative work highlighted needs, or areas of weakness, within FDC. Martin and Moore (2013) identified lack of funding, inhibitive inclusion criteria, and lack of potential participant education on the FDC program as limitations. Dobbin et al. (2006) identified housing, employment, mental health treatment, resources to maintain training levels, and specific rural challenges. Burrus, Worcel, et al. (2008) found that the role of sanctions, housing, and sustainability presented challenges to the FDC. A group of authors evaluated FDC in two Oregon counties: In Jackson County, the researchers found that the FDC needed a mental health specialist to provide faster urinalysis results, and domestic violence and housing advocates to respond to relapse as a treatment issue (Carey et al., 2010a); in Marion County, the researchers found that the FDC needed to monitor the referral process, incorporate relapse prevention into phases, increase drug testing in the first phase, provide cultural training to the FDC team, and develop a clear and effective process for giving sanctions and rewards (Carey et al., 2010b). In summary, FDCs consistently face hurdles related to funding, timely entry into treatment and reporting of drug testing, and provision or coordination of services via case management.

### *Values-Based Critique*

A multidimensional assessment also includes a values-based critique of the intervention (Petr, 2009). No prior scholarship has explicitly analyzed these courts through a social work lens. Therefore, the following presents a brief analysis of these courts according to a social work perspective and values.

FDCs attend to the person-in-environment. They seek to address the complex needs of these families, not just their substance abuse problems, through intensive case management done by the FDC team. FDCs are also family centered. They provide services to the whole family, not just the parent or the child (Young et al., 2013). These conceptual distinctions are relevant from a social work perspective that views the individual as influencing and influenced by their surroundings, including family and community (Saleebey, 2012; Early & GlenMaye, 2000).

The FDC model is also strengths-based (Lloyd & Brook, in press). Consistent with the strengths perspective (e.g., Saleebey, 2012), FDCs recognize the goals and desires of the client in case planning, use a collaborative practice framework, and rely on resources in the community (Young et al., 2013). In an FDC, parents with substance abuse are viewed as human beings full of potential for growth, resilience, and strengths. This orientation is in stark opposition to the perspective in many traditional child welfare courts, where the parent is often considered "bad" and must correct the conditions that led to the child maltreatment allegations (Lloyd & Brook, in press).

Although FDCs and social work values overlap in many ways, there also exists the potential for disparities. Self-determination is of primary importance to our profession (National Association of Social Workers [NASW], 2009). Consistent with this value, the parent must voluntarily enter the FDC program. However, parents may perceive limited choices because entering the program occurs during a time of crisis immediately after the experience of losing custody of a child. The value of self-determination suggests that a court must take proper precautions to ensure that a parent is not coerced into entering an FDC program, even if a professional believes the parent is appropriate for or would benefit from the FDC. Ultimately, the decision rests with the parent.

Confidentiality is another issue that this critique raises. In an FDC, the judge and court team have access to the client's substance abuse treatment records and discuss the progress of the case during team meetings and hearings. From a legal standpoint, possible ethical

dilemmas are circumvented when a participant signs an informed consent document (Lu, 2001). However, from social work's point of view, signing such a document does not relieve the court team of the professional obligation to maintain privacy and confidentiality (NASW, 2009). Social workers on FDC teams and in positions of influence must impress these values upon other FDC stakeholders to ensure that ethics are not sacrificed.

## Discussion

The results of this multidimensional analysis suggest that FDCs are an appropriate intervention for families with parental substance abuse who are involved in the CWS. The quantitative research review reveals that FDCs significantly decrease the amount of time that children spend in foster care and increase the likelihood that they will exit to reunification, compared to traditional child welfare courts. From a policy perspective, these courts are achieving permanency within the statutory time frames, and, from a family-centered social work perspective, these courts are safely returning children to their birth parents. However, as seen in the Gifford et al. study (2014), these findings are only true if a parent graduates from the FDC. For parents who enroll in the program but do not successfully complete it, the child welfare outcomes become markedly worse in terms of reunification and time in foster care than if the family had remained in the traditional system.

The qualitative research provides additional context for understanding what helps parents to succeed in these programs. The relationships developed in the courtroom are integral, and many aspects of the FDC model contribute to the building of these relationships. The qualitative work also identifies areas of weakness, namely, needs related to funding and case management (two variables that are themselves related). As noted earlier, addressing the multiple needs of clients is central to their successful exit from the CWS. FDCs appear to do this better than traditional child welfare courts, and it has been argued that the case management done in FDCs is central to improved child welfare outcomes (Young et al., 2013). If case management is integral but has been identified as a potential area of weakness, this may explain the variability across and within studies. No prior research has assessed the number of social workers present on FDC teams or their capacity. The extent to which trained social workers are involved on FDC teams likely impacts the effectiveness of case management in this setting.

## Implications for Practice

The importance of meeting clients' multiple needs, the qualitative evidence of the limits of FDCs' ability to case manage, and the unanswered question regarding the presence of social workers on teams all point to a number of implications related to research, direct practice, and policy. Future research must, at a minimum, count the number of trained social workers working on FDC teams and clarify the scope of their roles. Additionally, it is imperative to evaluate the relationship between the presence of trained social workers and case outcomes. Arguably, the body of evidence that case management improves the likelihood of reunification for these families suggests that social workers play a vital part. To move beyond inferences, however, research must seek to understand whether a relationship exists between the presence of social workers on FDC teams and that teams' ability to effectively case manage.

From a practice standpoint, the values-based critique is particularly relevant. FDCs appear to operate in accordance with many key social work principles, but there exists the possibility that these programs coerce parents into participation and fail to protect clients' privacy. Social work practitioners as treatment professionals and caseworkers who refer parents to FDCs must take extreme caution not to put pressure on a parent in crisis to enter an FDC without providing the parent with adequate information. Specifically, practitioners must note the issues critiqued in this article. That said, the results of this review suggest that parents with substance use disorders face the strong possibility of timely reunification in FDCs.

Policy implications from this review abound. Although FDCs are effective, the most recent data reveal that only 311 are operating in the United States (V. West, personal communication, March 25, 2014). The qualitative review identified funding and sustainability as recurring issues faced by FDCs. A 2009 survey of drug courts across the country showed that a lack of funding, not a lack of judicial interest, limits drug court dissemination (Huddleston & Marlowe, 2011). FDCs are typically funded by myriad local, state, and federal streams; however, federal grants are needed to create and sustain FDCs.

Additionally, the landscape of child welfare policy must be revisited. Nearly 20 years ago, when ASFA was still being developed, there were a handful of FDCs across the country and no research into their effectiveness. At that time, children were lingering in foster care for too long while caseworkers made reunification efforts on a limited budget with limited systems-level collaborative capacities. Then, and now, a large proportion of foster care drift stemmed from parental substance abuse. However, since then, research has progressed to the point that we can all but confirm that FDCs improve outcomes for this population. In the next iteration of child welfare policy, serious consideration should be given to promoting the dissemination

of FDCs as a promising way to achieve reunification for some of child welfare's most challenging families. Funding should be available to facilitate judicial interest in implementing these courts.

The results of this review suggest one final policy implication: FDCs implement social work, in that value is placed on building relationships with clients, the approach is collaborative and nonadversarial, and case plan goals seek to meet the needs of the whole family in their environment. However, the prevalence of social workers on FDC teams is unknown. If these courts continue to perform essential social work without adequate social work personnel, ethical issues arise. Policymakers should consider mandating the presence of at least one trained/licensed social worker on each FDC team.

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## Appendix. *10 Key Components of Drug Courts*

1. Integrate alcohol and other drug treatment services with case processing.
2. Use a nonadversarial approach while protecting participants' due process rights.
3. Identify eligible participants early for quick placement in the drug court program.
4. Provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Monitor abstinence with frequent alcohol and other drug testing.
6. Govern drug court responses to participant compliance using a coordinated strategy.
7. Ensure ongoing judicial interaction with each drug court participant.
8. Monitor and evaluate the achievement of program goals and effectiveness.
9. Promote effective drug court planning, implementation and operation through continuing interdisciplinary education.
10. Generate local support and enhance drug court program effectiveness, forge partnerships among drug courts, public agencies, and community-based organizations.

*Note.* See National Association of Drug Court Professionals (1997) for details about each of these components.

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