

# Connection Before Consequence: Parents' Perspectives on Compliance in Family Treatment Court

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## Abstract

*Family Treatment Courts (FTCs) are specialized child welfare courts for families with parental substance use disorders designed to increase treatment compliance and, ultimately, reunification. FTCs employ two primary theories aimed at increasing compliance with the program's interventions, operant behavioral theory and procedural justice. Limited research in FTC settings has explored the mechanisms by which these theoretical approaches shape client experiences. This study sought to begin addressing this gap utilizing in-depth interviews with 17 FTC-involved participants. The current research was a sub-study of a federally funded project that sought to expand services in a Midwestern FTC. Study participants ( $n = 17$ ) were parents with active or recently closed FTC cases. Semi-structured in-person interviews were conducted utilizing open- and axial-coding as well as constant comparative coding. Five themes reflected the participants' views on program factors that contributed to their ongoing participation in the FTC: relationships and structure, changes in internal perceptions of substance use and self, perceived accountability, phased intervention structure, and external supports. The results of the current study illuminate how the structure of FTCs creates a critical interplay between operant behavioral theory and relational procedural justice that may result in increased compliance by participants.*

**Keywords:** family treatment court, qualitative research, operant behavioral theory, relational procedural justice

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## Introduction

At least one in three of the half-million children in foster care in the U.S. are in care due to parental substance use disorders (SUD) (Lloyd Sieger, 2020). While removals for most other reasons (e.g., physical and sexual abuse) have decreased over the past decade, rates of children entering foster care due to parental SUD have increased over 60% (Lloyd Sieger, 2020). This is concerning given that children removed due to parental SUD are significantly less likely to reunify with their families compared to those removed for other reasons (Lloyd & Akin, 2014; Lloyd et al., 2017). One mechanism contributing to this disparity is that parents with SUD are significantly less likely to comply with court orders compared to parents without SUD (De Bortoli et al., 2013; Famularo et al., 1989) and compliance with court-ordered case plans is a strong predictor of reunification (Atkinson & Butler, 1996; D’Andrade & Nguyen, 2014; Smith, 2003).

For parents with SUD, the most important aspect of the case plan is substance use treatment (D’Andrade & Nguyen, 2014; Smith, 2003). Studies have shown that parents who complete substance use treatment are over three times more likely to reunify compared to parents who do not complete treatment (see Lloyd, 2018 for a review). Moreover, several studies document that mothers who received SUD treatment in programs able to match services to needs, including addressing “non-treatment” needs such as housing, education, and childcare, experience substantially higher rates of reunification (Lloyd, 2018). Unfortunately, treatment completion rates among child welfare-involved parents are typically low (Choi et al., 2012; Grella et al., 2009), suggesting that many barriers to treatment plan compliance exist for these parents in traditional child welfare settings. These challenges may be complicated by the impersonal nature of court processes. Studies exploring parental perspectives in family courts have identified significant challenges, such as parents finding the justice processes intimidating and impersonal, which can affect their engagement and outcomes (Misca et al., 2019). These findings suggest a need for supportive and relational approaches.

Family treatment courts (FTC) are specialized child welfare courts for families with parental SUD designed to increase treatment completion and, ultimately, reunification, while simultaneously ensuring child safety. FTCs are one form of “problem-solving” court; court programs that apply the process of law to help defendants overcome chronic pathologies known to increase recidivism. Problem-solving courts exemplify *therapeutic jurisprudence*, which is the concept that the legal process itself can result in predictable therapeutic or anti-therapeutic effects on litigants. Therapeutic jurisprudence does not specify what factors cause which effects; simply that effects are inevitable. Other theories and research are required to clarify the therapeutic consequences of legal procedures and, with this knowledge, inform legal processes to prioritize therapeutic outcomes (Winick, 2003).

Compared to traditional child welfare (TCW) services, FTCs have demonstrated superior timeliness and increased likelihood of reunification (Zhang et al., 2019). FTCs differ substantively compared to TCW services in several ways. For example, the program is overseen by a non-adversarial, interdisciplinary team of professionals including the judge, attorneys for the parents and children, child welfare workers, substance use treatment providers,

and other key social services representatives. In a traditional court setting, parents come to court every six months for progress reviews, which, per federal timelines, may result in only two hearings before termination of parental rights proceedings begin. FTC programs are intensive and phased, meaning that parents come to court weekly or biweekly during the first weeks or months of the program, with decreasing intensity and frequency of court hearings as treatment and progress in complementary services is sustained. Program phases are also scaffolded, aiming to build recovery capital and familial stability over the duration of the program. Typically, the first phase of the FTC program will align with familial engagement in highest intensity services, i.e., inpatient treatment and foster care placement, while the final phase will align with the lowest intensity services, i.e., transitional or aftercare and trial reunification. Existing research does not clarify the ideal number or duration of phases; simply that the program is phased, that participants know what is required to advance through the phases, and that advancement is based on “realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children” (Center for Children and Family Futures & National Association of Drug Court Professionals [CFF & NADCP], 2019, p. 150). While FTC programs include SUD treatment professionals on the team, they are not themselves treatment providers.

Although FTCs demonstrate improved outcomes versus TCW in earlier research, and an increasingly robust theoretical scholarship regarding mechanisms of effect has resulted in publication of FTC Best Practice Standards (“FTC Standards”), less research in the FTC setting has explored client experiences in these programs. In order to advance our theoretical understanding of court processes that result in increased treatment completion and reunification, documenting clients’ perspectives is needed. FTCs employ two primary theories aimed at increasing compliance with treatment and other mandated services (Choi, 2012; McGee, 1997): the behavioral model and procedural justice (CFF & NADCP, 2019; Choi, 2012). The purpose of this qualitative study is to examine the application of these theories within the FTC setting and capture client perspectives on factors that facilitate, or create barriers to, compliance in a FTC program.

## **FTC Theories of Change**

As noted, FTCs reflect therapeutic jurisprudence—a framework, but not a theory per se, as it does not hypothesize *how* to achieve therapeutic outcomes. To effect change by increasing participant compliance with mandated treatment and services, FTCs utilize operant behavioral and procedural justice theories (Choi, 2012; Lloyd, 2015). Operant behavioral theory suggests that behavior is influenced by its consequences. Implementation of the operant behavioral model in FTCs involves rewarding desired behaviors and punishing undesired behaviors (Choi, 2012) and is the standard approach to responding to participant behaviors. The FTC Standards specify the importance of rewards and sanctions, describe appropriate and inappropriate methods of distributing rewards and sanctions, and emphasize earlier studies involving effective FTCs that utilize these practices (CFF & NADCP, 2019). There is an entire Standard dedicated to responding to participant behavior. This Standard, titled, “Therapeutic Responses to Behavior”, includes the following provisions that describe specific practices for effective behavioral management:

- *Incentives and sanctions to promote engagement* (rewards and punishments of varying magnitudes are administered with the goal of increasing engagement and recovery behaviors);
- *Equitable responses* (consequences do not differ on the basis of participant identity);
- *Certainty* (responses to behavior are consistent);
- *Advance notice* (participants are notified in advance of what behaviors result in which responses); and
- *Timely response delivery* (responses to behavior happen as soon as possible after the behavior).

Additionally, the FTC Standards specify that programs must employ incentives and sanctions at varying magnitudes, consider the participant's own values when selecting an incentive or sanction, and appropriately balance use of low-, medium-, and high-severity sanctions to avoid "habituation" or "learned helplessness", concepts that stem from decades of research on conditioning, including in treatment court settings (CFF & NADCP, 2019). Examples of incentives described in the FTC Standards include praise, certificates of accomplishment, and gift certificates. Examples of sanctions include community service, requiring participants to stay for all staff review hearings instead of being allowed to leave after their review, and jail, although jail is considered a controversial sanction in a FTC setting. Use of incentives and sanctions is a hallmark attribute of a treatment court program.

The principles of procedural justice theory posit that a litigant's perception of fairness in a dispute resolution process will result in greater compliance with the dispute resolution, even for parties that do not receive their preferred outcome (Lind & Tyler, 1988; Nagin & Telep, 2017). Procedural justice aims to ensure that participants perceive interactions with the court as fair and just. Procedural justice is operationalized through key factors including status recognition, neutrality, trust, and the opportunity to be heard (Tyler & Lind, 1992; Lloyd, 2015). Thus, according to the FTC Standards, operant conditioning is enhanced when participants perceive the process of responding to participant behavior as fair. Reflecting the importance of procedural justice to the FTC model, the FTC Standards note several practices aimed at enhancing perceived fairness (CFF & NADCP, 2019). Standard 1, "Organization and Structure" instructs that FTCs must provide all FTC team members (i.e., judge, attorneys, treatment professionals, child welfare workers) with a policies and procedures manual that outlines roles, responsibilities, and day-to-day operations, as well as the standardized procedures for determining participant eligibility, responding to participant behavior, and ongoing decision-making and case progress. Standard 2, "The Role of the Judge", specifies that the judge needs to spend at least three minutes talking to each participant at each hearing and engage with participants in a supportive and encouraging manner. Standard 3, "Equity and Inclusion," stipulates the FTC's responsibility to monitor program entry, experiences, and outcomes for disparities along lines of race, gender, ethnicity, nationality, socioeconomic status, or sexual orientation.

An early study examined whether procedural justice factors were present to a greater degree in a FTC compared to a TCW setting in order to explain the superior outcomes in the FTC (Ashford, 2004, 2006; Ashford & Holschuh, 2006). Ashford (2006) found that FTC

participants rated their FTC judge as fairer and more trustworthy than participants in the traditional system rated their TCW caseworkers. FTC participants were less likely to have their parental rights terminated, were more likely to achieve reunification, and their children spent fewer days in foster care compared to families served in the TCW setting (Ashford, 2004).

More recently Fessinger et al. (2020) found that parents involved in a mandatory FTC program (as opposed to voluntary, as is the case for most FTC programs) rated their court process significantly more fair than parents served in a traditional setting, and were more compliant with court-ordered evaluations than comparison parents. Both groups were equally compliant with their service plans, however, the FTC parents had significantly more components to their service plans than parents in the traditional setting. In a subsequent mediation analysis, this study found that FTC-involved parents who reported higher fairness ratings were also more likely to participate in services and more likely to reunify. These findings support the suggestion that perceptions of fairness precipitate service engagement, which results in better child welfare outcomes.

More recent developments in operant behavioral theory and procedural justice in other problem-solving courts have connected the importance of the quality of relationships and interpersonal treatment in achieving successful client outcomes. Research has demonstrated that the effectiveness of these theories is enhanced when clients view their interactions with court personnel as supportive and respectful (Kruse & Bakken, 2023; Portillo et al., 2016). These findings suggest a need for FTCs to foster positive and trust-based relationships between clients and court personnel. Furthermore, the broader problem-solving court literature, such as drug courts and domestic violence courts, has shown that the judge's role as a supportive authority figure is crucial for client compliance and success (Dollar et al., 2018; Kruse & Bakken, 2023; Winick, 2003). These findings suggest that interpersonal dynamics can influence outcomes, validating the need for relational approaches in FTC settings, the setting of the present study.

## **Client Perspectives on FTC Theoretical Frameworks**

While operant behavior and procedural justice theories appear integrated in the FTC Standards, and both theories posit to increase parent compliance and family reunification, limited research in the FTC setting has explored the mechanisms by which application of these theoretical approaches shape client experiences. Moreover, although academics and FTC professionals believe these theories to be important, client perspectives may differ. Some earlier qualitative work with child welfare-involved parents suggests that professionals and clients have differing perceptions on the factors that contribute to case plan compliance. Smith (2008) interviewed 15 child welfare-involved parents and their 15 caseworkers regarding their perceptions of and explanations for case plan compliance. Findings indicate that while caseworkers considered the parent's 'motivation for reunifying' and 'love for their children' as shaping case plan compliance, parents described lack of compliance as stemming from doubts that compliance would result in reunification, seemingly impossible tasks being included on case plans, and a lack of perceived value in mandated services.

One FTC study points to a similar divide between clients' and professionals' perspectives on mechanisms of effect. Lloyd and colleagues (2014) conducted a mixed-methods study asking parents and FTC professionals to identify the FTC components perceived as most important to client success. Through the use of a concept mapping procedure, participants identified six core clusters of FTC practices. When asked to rank the relative importance of these practices, results suggested that clients perceived relational aspects of the FTC, including the interpersonal support from FTC team members and treatment professionals and the client/judge relationship, as relatively more important to successful outcomes compared to FTC team members. Additionally, clients perceived sanctions as least important to successful outcomes. This suggests that operant conditioning may be less meaningful to clients than the field believes. Research from countries outside of the United States has also provided valuable insights into parental perspectives on FTCs (Harwin et al., 2014, 2019). Findings from England have demonstrated positive parental experiences, with parents appreciating the compassionate approach of FTCs (Harwin & Barlow, 2022; Harwin et al., 2014).

Increasing knowledge regarding the mechanisms of FTC program effectiveness is critical for several reasons, including that the growing body of literature on FTCs is thin regarding effective program components. The FTC Standards draw heavily from research with adult criminal treatment courts, which serve very different populations than FTC programs whose participants are more often women without criminal justice histories. It is possible that certain highly effective behavioral change levers in adult treatment courts are less effective in a FTC setting, and vice versa. While FTCs share commonalities with other problem-solving courts, they are unique in their focus on working with the whole family, often without criminal histories. This distinction calls for the need for tailored interventions that address the specific needs of families with parental SUD.

## Research Questions

Given the empirical findings regarding the importance of program compliance for ensuring reunification among families with parental SUD, the relative success of FTCs at reunifying families with parental SUD, and the limited understanding of the mechanisms by which operant behavior and procedural justice theories impact parents' compliance in a FTC setting, this study sought to begin answering the following research questions:

1. What factors do FTC clients perceive as facilitating program compliance?
2. What factors do FTC clients perceive as barriers to program compliance?

## Methods

### Participants

The current research was a sub-study of a federally funded project that sought to expand services in a Midwestern FTC. Study participants ( $n = 17$ ) were parents with active or recently closed FTC cases. To qualify for participation, participants had to be a parent served in the FTC seeking reunification with their child(ren) between October 1, 2017, when the grant funding began, and the time of data collection (July 2018). Due to staff language limitations participants were required to be able to complete the interview in English. All participants in this study were given pseudonyms to protect their anonymity. The duration of participants' involvement in the FTC program at the time of their interview ranged from six to 20 months. The total number of families participating in the program during the study period was 32 families. Of these families, 18 ultimately graduated the program (56.2%). Interview participants' families were more likely to graduate the program compared to families who did not participate in interviews (78.6% vs. 38.9%). Participants were slightly less likely to come from two parent family structures. However, the participants' substance use was representative of the overall FTC population, with methamphetamine being the most commonly reported drug of choice.

The 17 participants completed a brief demographic questionnaire prior to beginning the interviews. These questionnaires sought information regarding the ages of the participants and their children, race/ethnicity, drug of choice, etc. The responses are displayed in Table 1.

Table 1. Demographic Characteristics of Family Treatment Court Participants

|  | <i>n</i> | %     | <i>M</i> | <i>SD</i> |
|--|----------|-------|----------|-----------|
| <b>Participant Age</b>   |          |       |          |           |
| Range: 22-47 years old   |          |       | 34       | 7         |
| <b>Participant Gender</b>  |          |       |          |           |
| Male   | 4        | 23.53 |          |           |
| Female   | 13       | 76.47 |          |           |
| <b>Participant Race/Ethnicity</b>                                  |          |       |          |           |
| Black  | 4        | 23.53 |          |           |
| White  | 11       | 64.7  |          |           |
| Hispanic   | 2        | 11.76 |          |           |
| Multiracial  | 1        | 5.88  |          |           |
| <b>Number of children for participant</b>                          |          |       |          |           |
| Range: 1-6   |          |       | 4        | 2         |
| <b>Age of participant children</b>                                 |          |       |          |           |
| Range: <1 - 28 years old   |          |       | 9.85     | 7.89      |
| <b>Participant had prior involvement with child welfare system</b> |          |       |          |           |
| Yes  | 12       | 71    |          |           |
| No   | 5        | 29    |          |           |
| <b>Drugs used by participants</b>                                  |          |       |          |           |
| Alcohol  | 2        | 11.76 |          |           |
| Alcohol & Cocaine  | 1        | 5.88  |          |           |
| Alcohol, Cocaine & Phencyclidine (PCP)                             | 1        | 5.88  |          |           |
| Methamphetamine  | 9        | 52.9  |          |           |
| Methamphetamine & Marijuana  | 1        | 5.88  |          |           |
| Phencyclidine (PCP)  | 3        | 17.64 |          |           |

Note. The questionnaire specifically asked if opiate use had anything to do with their child welfare involvement, and all participants answered "no".

## Procedures

Institutional Review Board (IRB)-approved fliers were distributed by partner agencies to FTC-involved clients informing them of the study’s inclusion criteria, evaluator contact information, and incentive for participation (\$50 gift card). Interviews were scheduled collaboratively with the partner agencies and the evaluator. Semi-structured in-person interviews were conducted by the principal investigator and a clinical provider in private rooms at the juvenile court building. Interviews lasted between 40 and 130 minutes. All interviews



were digitally recorded with the participants' oral consent, professionally transcribed, and reviewed for accuracy. IRB approval was obtained through the University of Connecticut. Informed consent of all participants was obtained prior to the commencement of the interviews.

## Measures

An interview guide was prepared by the project's principal investigator and used with all participants. The interview guide consisted of 16 questions covering topics including the participant's life prior to starting FTC, previous sobriety attempts, FTC referral channels, status of treatment readiness at FTC start, and progress through the FTC program (including challenges and barriers). The focus of this study was to examine the participant's perceptions of the factors that facilitated or inhibited compliance with the FTC program. To explore these questions, we asked clients to explain their progress through the FTC program, what barriers they experienced during participation, what kept them participating after encountering barriers, and what helped them most with their participation. We also specifically inquired about the impact of their relationships with the substance use treatment provider as well as other FTC team members. Example questions from the interview guide included: "What was your life like before you got into the family drug court? Had you tried getting clean and sober previously? What were your previous experiences like? Who told you about the family drug court? What were your impressions of the family drug court before you got involved? Have you encountered any barriers within the program or outside the program throughout your participation?"

Field notes were taken during each interview and immediately after to record words, phrases, or ideas that seemed important to the participants. At various intervals during the week of interviewing, the researcher also recorded themes emerging across interviews.

## Data Analysis

The transcribed data files were imported into NVivo 12 Pro for coding (QSR International Pty Ltd., 2018). Analysis began with review of field notes and development of initial codes by the authors. Open- and axial-coding was conducted during the course of reading study transcripts. To investigate whether important concepts from later interviews were overlooked in earlier sections, or whether subsequent interviews were missed in previously analyzed transcripts, a process of constant comparative coding was utilized. Through each iteration of open coding a query list consisting of the identified codes was created. During the final iteration of open coding this query list was applied to each interview using a text search query analysis to ensure that important concepts and codes were not overlooked. The initial codebook included 201 codes. These codes were reviewed for relevance to the research question and redundancy and deleted or collapsed into the final 17 codes. Transcripts were analyzed again using the final codebook by the first author. Ongoing reflection and revision across and between interviews continued among the researchers throughout the analysis.

## Results

As summarized in Table 2, there were five themes identified: *FTC relationships and structure, changes in internal perceptions of substance use and self, perceived accountability, the court’s phased intervention structure, and external supports*. These themes reflected the participants’ views on program factors that contributed to their ongoing participation in the FTC. The identified themes emphasize the relational aspects of participants’ experiences. Table 2 also includes sub-themes for these factors.

Table 2. Themes & Sub-Themes

| Theme  | Sub-Themes   |
|--|--|
| Compliance enhanced by FTC relationships and FTC structure                       | <ul style="list-style-type: none"> <li>• New FTC child welfare worker</li> <li>• FTC team connected with me</li> <li>• Collaborative team structure created a positive perception of District Attorney and Judge</li> <li>• FTC team is accessible and works for and with you</li> <li>• Collaborative team structure creates an interdisciplinary environment of support for participants</li> <li>• Impact of peer support in FTC</li> </ul> |
| Compliance enhanced by changes in internal perceptions of substance use and self | <ul style="list-style-type: none"> <li>• FTC team models recovery-supporting behaviors</li> <li>• Phased structure helps increase insight into negative impacts of substance use</li> <li>• Frequent interactions with team members trained in addictions contributes to positive changes in self-concept</li> </ul>   |
| Compliance enhanced by perceived accountability                                  | <ul style="list-style-type: none"> <li>• FTC structure sets high standards and creates accountability opportunities</li> <li>• High standards and accountability creates opportunities for praise</li> </ul>   |
| Compliance motivated by tiered intervention structure                            | <ul style="list-style-type: none"> <li>• Milestones create opportunities to feel successful</li> <li>• Sanctions contributed to changed behaviors</li> <li>• Consistency and clarity in process is critical</li> </ul>   |
| Compliance enhanced by external supports   | <ul style="list-style-type: none"> <li>• Relationship with treatment professionals</li> <li>• Quality of treatment matters</li> <li>• Impact of community recovery</li> </ul>  |

### Compliance enhanced by relationships with FTC team and FTC structure

Participants reported that their compliance with the FTC process was significantly influenced by relational connections to FTC team members and these relationships were facilitated by the structure of the FTC. Six non-mutually exclusive sub-themes, or codes, emerged within this larger theme (Table 2) and are described in greater detail here.

Participants described that one of the first benefits of starting in the FTC was being assigned a new, FTC-specific child welfare worker. Throughout the interviews, participant descriptions of past relationships with child welfare workers varied from positive to extremely negative, and many participants were able to identify how these perceptions historically

influenced their overall interaction with the state child welfare agency. By comparison, many participants described the positive impact of getting a new FTC-specific child welfare worker. Participant Justin stated:

We didn't get a new child welfare worker until we applied into drug court. And that was, like, the best thing to do. Because our old child welfare worker, it just seemed like she was working against us completely. (...) And then when we switched our child welfare workers everything, like, pretty much turned around.

Over half of the participants ( $n = 9$ ) reported that the FTC team members connected with them in a meaningful way, which contributed to their engagement in the process. Participants often contrasted these relationships with past experiences in other court settings where punishment was perceived to be the central focus. These types of connections were characterized by improved dialogue between participants and the FTC team, a deep sense of belonging and acceptance, and, as evidenced by one participant's comments, a belief that FTC team members genuinely cared about them and could be trusted even when the participant was confronted with punitive consequences for noncompliance. Participant Crystal stated:

It's like, there's times where they probably would make me cry but it's like, it's not to be crying because I'm hurt or because they hurt my feelings. It's crying because they're telling me something right. You know, they're telling me something right and they're always looking out for the best for me. You know? They know you can do this, so they want you to believe in yourself. You know, they're good people. They're a second family.

The same number of participants ( $n = 9$ ) reported that the FTC's structure, specifically their proximity to the FTC team, led to a change in perception of the district attorney and judge. These roles, historically viewed in other court settings as adversarial and retributive, were perceived as substantively different in the FTC setting. The district attorney and judge were identified not only as "competent" and "caring" but, as one participant described, truly invested in participant success. This perception appeared to promote compliance and completion of the FTC program as noted by participant Ann:

The DA— I loved her. I left her courtroom crying a couple times, but she always told me, I'll never forget my first court date, she told me that she had all the faith in the world in me and that she knew I could do it. And on graduation, when she hugged me, she was like, "Thank you for proving me right." Yeah, having everybody believe in you so much when you don't believe in yourself. I really think that has carried me the most.

A third aspect of the role FTC relationships play in enhancing compliance is the perspective from over 60% ( $n = 11$ ) of clients that the FTC team was accessible and that the team was actively "working for them". This perceived accessibility and collaboration was cited by

many as a stark contrast to not only past court proceedings but other child protection interventions as well. Participant Brittney described this difference and the resulting impact on her compliance with the FTC model by recounting an interaction with FTC staff when she needed assistance for an issue outside of court:

It wasn't until I spoke with (FTC staff name omitted). I was like, "(FTC staff name omitted), what do I do? Because I don't want them to say that I'm not protecting my daughter." (...) I was like, "What do I do?" Then, she (FTC staff) would like sit there and talk to me about it and we called my caseworker and it was like within 30 minutes they was on their way to pick my daughter up.

Finally, well over half of participants (n = 11) described how the structure of the FTC model created an interdisciplinary environment of support for them. This sub-theme is conceptualized as the belief by participants that all professionals on the FTC team were operating in the participant's best interest regardless of their professional discipline. This perception contributed to an increased sense of personal accountability by participants and the belief that the FTC was less "oppressive" than other courtroom settings. These notions, coupled with the aforementioned connections with FTC team members, led many participants to equate their ongoing participation in the FTC model with the confidence that support was available throughout the program's continuum of care:

You'll have support. I had support throughout everything; and I loved my support. [Treatment provider], judge, the DA lady, my caseworker, just the new sober friends that I made was awesome and it's an amazing experience. I'm glad [child protective services] stepped in. I'm honestly glad.

The final relational sub-theme reflects the role of peer support within FTCs. Over 40% of respondents (n = 7) reported that peer support and a sense of shared experience with other participants in the FTC was critical to their ongoing compliance. FTC participants attended court proceedings on a much more frequent basis than in traditional child welfare and were frequently present at proceedings with the same peers. This created informal cohorts who witnessed each other's successes and failures. Participants described these shared hearings as having the dual benefit of providing a space to receive support from their peers while simultaneously offering a vantage point from which to reflect on past personal experiences and to hear cautionary tales of participants who were struggling. Participant Rachel outlined this process:

Rachel: I like it because you get to see, you get to see all the people doing good. Or if they mess up, maybe like, dang they did this, so, I know not to do that, or you know, if they're doing good, I want to (...) you know, I want to get praised next time. Or something like that. So, it's really good to see

Interviewer: Do you see new people coming in who are like you were at the beginning?

Rachel: Uh huh, girl yeah. I do. I'm like dang girl. (...) somebody will be sitting next to me, I'll be like, "girl that was me when I came in." And somebody else will say, "That was me when I came through."

### **Compliance enhanced by changes in internal perceptions of substance use and self**

Participants reported that a shift in motivations, insight, or concept of self was needed to successfully complete the FTC program and that the court's structure provided a therapeutic space in which to do so. Three non-mutually exclusive sub-themes emerged within this larger theme (Table 2) and are described in greater detail here.

Over 70% of respondents (n = 12) reported that the FTC modeled recovery-supporting behaviors. Concepts such as relapse prevention, peer support, honesty, positive relationship identification, support network development, effective time management and, most frequently, self-accountability were either overtly modeled by the FTC team or implicit in the court's structure. Participants reported that by simply engaging in the FTC process they began to develop these skills, which in turn increased their insight and shifted their concept of self. Participant Christopher described:

Interviewer: So, you've talked about a couple of tools that you either have used or want to use next time you're in a triggering situation. You know, pick up the phone, get to a meeting, kind of seeing the bigger picture rather than fixating on the immediate problem. Where did you learn those tools?

Christopher: I learned from Family Drug Court. Because it is powered in being able to vent and that person is actually listening. It's...It works. It really, really works.

Nearly 60% of participants (n = 10) reported the FTC model caused a significant shift in how they perceived their past substance use, which in turn helped them successfully navigate the program. Through engagement in the FTC model, beliefs commonly held by those in active addiction such as being able to "control" one's substance use, or that one has to utilize manipulation to achieve desired results, ultimately gave way to increased insight, decreased substance use, and compliance with the model. Participant Matt described this process as follows:

Matt: They were very patient with me. And I told them that. You know, like, y'all patient with me. Ya'll help me out and ya'll see that I'm trying my best. And like, you have to be sober to understand the whole thing. And that's when I did understand. It was difficult for the first two stages that I went through. But now I understand more about it than ever. Uh hmm. About my addiction and why I was using. I was using because it was something to do back in the day when I was younger. And now I'm looking back and I'm like, I could have had a lot better decent jobs, good jobs.

Interviewer: So, they got through to you that it was a problem.

Matt: Uh hmm. Yeah, it was a problem that needed to be fixed.

Finally, participants reported that the structure of the FTC program, including the frequent interactions with team members, also contributed to positive changes in their perception of self and recovery. 70% (n = 12) of respondents reported positive changes in their self-concept such as increased humility, heightened self-esteem, a desire to be more honest, and a sense that a “burden” has been lifted or that life was now “easier” due to sobriety. These changes in participant self-concept and perceptions of recovery were motivated in large part by the frequent interactions with team members who have specialized knowledge in addictions, and allowed, in many cases, for the participant to not only successfully navigate the program but continue engaging in these practices following discharge. Participant Ashley described:

It’s made me a very honest person, this program has. It’s made me very honest because whenever we first got into it, I remember talking to my first caseworker worker and I tried to lie to her and tell her, you know, I only used like once or twice this year. Just bullshitting her. Yeah, I don’t like that. That feeling now, just like, okay, I used. (...) I used a lot. You know, and it feels better now to just be honest. (...) It’s made me want to keep going after this program is over.

### **Compliance enhanced by perceived accountability**

Participants throughout the interviews described the key role that a perceived sense of accountability played in enhancing their compliance with the FTC. Participants described how the structure of the FTC, including frequent court hearings, intensive treatment expectations, and near constant monitoring of participant sobriety through frequent drug screenings and service provider reports, communicated an expectation of high standards to clients. In turn, this created an environment in which accountability was accepted by the participants as integral to successful completion of the FTC model and continued sobriety following reunification. This structural construction of accountability was further calcified through strong interdisciplinary support for the participant with clear expectations of self-accountability. Two non-mutually exclusive sub-themes emerged (Table 2) and are described in greater detail here.

Nearly 60% of participants described how the FTC approach set an expectation of high standards, which created an acceptance of personal accountability and compliance. As noted, the FTC approach was significantly more intensive than traditional family court models. The initial stages of FTC, by design, required both a significant time commitment and heightened level of motivation on the part of the client. Although participants frequently described an adverse reaction to the high standards and focus on accountability at the beginning of the program, ongoing participation resulted in a changed perspective. Participant Tiffany stated:

I just really, just thank them for everything. For giving me my life and my family back. Even though my kids aren’t back full time right now, I know my kids are coming home. And even though I hated the whole thing to begin with, but now that I see that it saved my life and my marriage and my kids and made everything a

lot better. And really just, like they say, kids need discipline and stuff like that. Adults need discipline and accountability (...) which is what family drug court provides.

In the FTC setting, participants reported that self-accountability was not only expected but celebrated. Nearly every participant (n = 13) found this combination of challenging the participant, while simultaneously acknowledging their progress, as critical to their continued participation in the FTC model. Participant Ann explained how support and praise, coupled with a sense of personal accountability, helped her process the hospitalization of her child without relapsing:

And then FTC, the team (...) court was always great. Like, even when my son, I was a little worried when my son went inpatient because [caseworker name omitted] was like, “I don’t like it when kids go inpatient.” And I was like, Oh, but she was like, “But I’m so proud of you for getting him the help he needs now.” So, yeah. (...) Everybody was there, they all worked with me.

### **Compliance motivated by phased intervention structure**

Participants commonly reported that the phased structure of the FTC contributed to their compliance with the program. Participants often described how the program’s phased, scaffolded, interventions provided spaces for tangible accomplishments which, when accompanied by praise from FTC staff, sustained continued FTC participation. In addition to receiving praise at expected moments, the phased structure involved predictable use of sanctions. Three non-mutually exclusive sub-themes emerged within this theme (Table 2) and are summarized here.

Over 40% of participants reported that completing each phase or “milestone” was an important part of their FTC experience and provided opportunities for them to experience intermittent successes throughout the program. Participants acknowledged the difficulty of the initial stages, but reported how the structure of the court and the completion of these phases created opportunities to demonstrate their progress regularly, which in turned increased their compliance with the program. Participant Jessie stated:

Jessie: But then I can say that like the good thing about that (...) is with family treatment court you go to court every two weeks. (...) they do get to see a lot of how you’re progressing more often than regular docket.

Interviewer: Okay. Do you think that helped keep you moving through it?

Jessie: Yep. I was always looking forward to those next court dates. Two weeks. And then when you phase up you get a court date every month.

Over half of the participants (n = 9) reported experiencing sanctions as they progressed through the model and endorsed that these actions resulted in positive behavioral changes. Notably, in almost every case where sanctions were imposed, the participant complied with

the sanction and understood, if not expected, its imposition. Participant Christina described her response to sanctions imposed by the court:

But I mean, I was always honest with them. And I was trying to engage in my services (...) Of course, there was a lot of times I was late and blah, blah, blah. But that's to be expected when you're in addiction. And but, no, I mean, I just got, she was trying to give me forty hours of community service and a paper which is not bad. I mean I don't mind doing community service or giving back, at all. (...) But you know, I think they're fair.

Finally almost 60% of respondents identified that the phased intervention structure of the FTC provided a clarity and consistency to the proceedings, which was critical to continued compliance in the process. This consistency helped reinforce the previously discussed sense of accountability for the participants, such as Michelle who stated:

Oh, there's a girl, she just graduated here not too long ago, her case was eighteen months old. It was the full eighteen months through drug court. (...) and it was because she wouldn't engage. She wouldn't, she just wouldn't do what she needed to do. But as long as you're doing what you need to do, you know, attending your classes, passing your UA, making court, making visitations, making their appointments. You'll get there.

### Compliance impacted by external factors

The last theme that emerged in the analysis was that FTC outcomes were in part externally influenced. The FTC model leveraged a variety of external supports that were both formal (*i.e.*, substance use treatment providers and agency-based parenting groups) and informal (*i.e.*, 12-step programs). These supports were designed to assist clients in preparing for, and sustaining, reunification and sobriety. Participants described the quality and availability of these external supports as a critical part of positive progression through the FTC program. Four non-mutually exclusive sub-themes emerged (Table 2) and are summarized here.

Almost 60% (n = 10) of participants reported that the nature of their substance use treatment strongly impacted their FTC experience. A positive therapeutic relationship with the treatment provider reinforced the relational framework of the FTC and, in turn, helped the participants maintain compliance throughout the intervention. Participant Crystal provided this description of the supportive role her treatment provider played during FTC hearings:

Yeah. I could cry and not be judged by her. You know? She helps me. She's helped me come a long way. It probably helps if you don't feel judged and you know this person at the court cares about you and makes you feel like you can be more open and then receive more help that way.



In addition to the relationship between treatment provider and client, participants reported that the quality of their substance use treatment impacted their motivation to comply with the FTC program. Many participants described experiences in past treatment settings as negative due to the outdated structure of the agencies involved, ineffective treatment interventions, or the presence of staff that were perceived to be either poorly trained or uncommitted to their vocations. On the other hand, almost 60% (n = 10) reported that their FTC substance use treatment was a positive experience. These participants described their treatment services as not only a vital part of their ongoing compliance within the FTC program, but also extended these sentiments to their overall recovery efforts. Participant Nicole described:

There's boundaries and this program has helped me here. Everything that they've offered me counseling wise we've jumped at. We're in the beginnings of (treatment provider omitted) together and he's in counseling, I'm in trauma counseling, plus I have everything at (treatment provider omitted). When I went to the treatment provider it's like here's your book (...) they give you like a three inch book and I've actually worked through the whole book. (...) I've learned a lot about what to do. If it's the middle of the night and I get triggered (...) Go take a hot shower. Go take a walk. And then come back and go back to sleep.

As part of a negative case analysis, 17% of participants in this study reported having difficulties during their current treatment episode but did not directly link this to issues of compliance within the FTC, suggesting that clients are able to overcome barriers stemming from inadequate treatment through relationships and supports with other members of the FTC team.

Finally, over 80% of participants described the role community-based recovery supports had in their ongoing compliance with the FTC model. The types of external supports described varied widely within this sample with respondents identifying family members and significant others, religious leaders and faith-based communities, 12-step programming and support groups, as well as the foster parents currently caring for their children. Many respondents identified that the development of meaningful support networks helped them not only navigate the FTC program but establish practices that would help them after reunification and graduation. Participant Brandon described this by stating:

The main thing to me that's important is just going to self-help meetings. And just getting into that routine of going to self-help meetings like all the time. Because that's what matters. So, when I get out, I still got that routine of going to meetings. Because there's people that go to those meetings that are sober and that aren't in a Family Treatment Court Program.

## Discussion

This study presents findings from qualitative interviews with 17 FTC-involved parents that explored parents' perspectives on the factors that contributed to, or created barriers to, their compliance with the FTC program. As noted in the introduction, the FTC Standards focus centrally on incentives, sanctions, and procedural fairness as key factors facilitating participant compliance, with relationships as an important, but secondary, factor. In the current study, participants placed primary emphasis on the quality of their relationships with court professionals; relationships that were bolstered by the structure of the court and use of incentives and sanctions. Participants' emphasis on the relational aspects of their experience suggests an interplay between operant behavioral theory and relational procedural justice. Our findings corroborate prior qualitative work in FTC settings, that emphasized the centrality of relationships. Worcel and colleagues (2007) surveyed 200 participants from four FTC programs regarding their experiences in court and then tracked their progress and outcomes for 24 months. Their study found that mothers in the FTC who reported more positive relationships with their substance use treatment counselor were more likely to complete treatment, which was in turn predictive of FTC program success and reunification. When asked to describe "what makes family treatment court work", their qualitative sub-sample of 91 mothers described the importance of emotional support from FTC team members, accountability and collaboration, practical support, a sense of accomplishment, and the judge's consistent and straightforward approach and clear decision-making. Other prior work notes the importance of rapport between clients and FTC team members (Lloyd et al., 2014; Fay-Ramirez, 2016; McMillin, 2007, Harwin et al., 2019, Harwin & Barlow, 2022), however no earlier studies have explored these factors as deeply as the current study.

Additionally, our findings shed brighter light on the complex ways relationships function to support compliance and how the FTC structure creates and sustains these relationships. Participants in this study described a structure that facilitates multiple pathways to an array of supportive professionals and peers. These relationships were often juxtaposed to the parallel professionals encountered in the traditional system, who, according to extant literature, may hold negative views regarding parents with SUD in child welfare (Akin & Gregoire, 1997; He et al., 2014), although other work suggests that professionals hold nuanced viewpoints that consider when and how the parent uses substances (Freisthler et al., 2017; Price Wolf et al., 2019). The importance of this relational connection reflects a large body of empirical literature on the effect of the therapeutic alliance at facilitating therapeutic change. Prior research suggests that clinician education or credentials, the client's primary problem, and therapeutic modality have less impact on therapeutic outcomes than the strength of the clinician-client relationship (De Bolle et al., 2010; Stubbe, 2018; Martin et al., 2000), although clinician and clinical approach characteristics can shape the strength of the relationship (Ackerman & Hilsenroth, 2003). Our findings also align with international research from Australia and England, which also emphasize the importance of relational dynamics in judicial interventions. Australian FTCs have had a positive reception although have challenges related to funding, and English FTCs observed empathetic interactions with judges lead to better substance use recovery and family reunification outcomes (Harwin et al., 2019, Harwin & Barlow, 2022).

The FTC-assigned child welfare worker was one of several professionals with whom participants developed relationships and who reportedly influenced participants' experiences. Participants described vastly different experiences with their FTC-assigned worker than workers they encountered in traditional settings. This may be due to the fact that FTC child welfare workers receive specialty training on addictions, have smaller caseloads, or have adopted the family-centered mission and vision of the FTC program (CFF & NADCP, 2019). The effect of the enhanced training and philosophical perspective embedded in the FTC structure may result in a balanced focus on the child's safety and the parent's recovery that is uncommon in traditional child welfare practice, which tends to be strictly focused on the child.

Participants described other mechanisms by which the FTC's structural factors contributed to relational strength. The frequency with which hearings occur and the direct communication between several different FTC team members and parents, including the judge and district attorney, meant that clients had multiple pathways to developing an effective therapeutic relationship. If a client did not connect with one team member, there were many others to connect with. This variety potentially reduced the deleterious effect of a single negative relationship on client buy-in, compliance, and motivation. This meant that a parent could encounter a child welfare worker or other professional with whom they perceived an adversarial relationship, but a strong relationship with the judge, treatment professional, or other team member could offer the therapeutic effects observed in earlier studies. Future quantitative research is needed to clarify these mechanisms and further explore the role and impact of one, or many, therapeutic alliances between FTC team members and clients.

From a procedural justice perspective, our findings support one of its theoretical offshoots called *relational procedural justice*. This sub-theory clarifies that the critical procedural attribute that leads to enhanced compliance is perceived fairness in the authority figure themselves, rather than just in the general dispute resolution process. As such, this theory describes the key characteristics of an authority figure that influence perceived fairness: standing, neutrality, and trustworthiness. *Standing* is "status recognition" of the client by the judge or authority figure, which is "communicated to people by the interpersonal quality of their treatment by those in a position of authority" (Tyler & Lind, 1992, p. 141). This "interpersonal quality" includes being treated with dignity and respect. *Neutrality* reflects a judge's honesty, a lack of bias, and use of "facts, not opinions, in an effort to produce decisions of objectively high quality" (p. 141). *Trustworthiness* is "whether the person believes that the authority can be trusted to behave fairly," which "involves beliefs about the intentions of the authority" (p. 142). Trustworthiness is enhanced through transparency and consistency. Another key concept in procedural justice is *voice*, which is the "opportunity to express one's views and opinions, even when the expression of views is clearly not instrumental to obtaining favorable outcomes" (p. 146).

In an FTC setting, the client's relationship with the FTC judge would be particularly operative because the judge is the ultimate authority figure in the FTC setting. Perhaps reflecting this, the FTC Standards dedicate one of eight standards to the judge (CFF

& NADCP, 2019). Although participants in the current study did note their positive perception and rapport with the judge, they additionally mentioned the importance of several other professionals in the FTC. The FTC Standards are clear that the FTC program is multi-disciplinary and multi-systemic, with each professional bringing their perspective and recommendations to staffings (pre-hearing team meetings) and hearings, with the judge as the final decision-maker. It may be that relational procedural justice concepts such as standing and voice function based on the FTC team as a whole, rather than just the judge. We did not collect data from court professionals, so we have no way of understanding to what extent different team members' support of clients in conversations with the judge may have influenced the judge's relationship with the parent.

Another structural feature of the FTC that participants frequently noted as contributing to their compliance and success was the many opportunities for "accountability". Our participants described nearly universal appreciation for the frequent hearings, high expectations for behavior, use of sanctions, and phased programming. These structural features of the FTC program appeared to give the participants the boundaries and feedback, both positive and negative, needed to successfully navigate the process. These findings echo prior studies on FTCs that report participants' perspectives on program factors that facilitate successful outcomes. As noted by Worcel and colleagues (2007), participants described the "accountability... practical support, [and] a sense of accomplishment" as key ingredients of FTC effectiveness.

The importance of boundaries, clear expectations, and phases may reflect this population's need for a trauma-informed approach. People with SUD, and women in particular, have high rates of trauma including post-traumatic stress disorder (Cohen & Hien, 2006; Powell et al., 2012). The FTC Standards include the need for trauma-informed practice (CFF & NADCP, 2019), and include research on an early trauma-informed FTC program that suggests that clients benefitted from this approach (Powell et al., 2012). Examples of trauma-informed FTC practices include providing clients with "clear information on what they can expect in the program, ensuring consistency in practice, and maintaining boundaries" (CFF & NADCP, 2019, p. 25).

Alternatively, accountability may contribute to compliance by affording clients opportunities to receive praise—an incentive reflecting the intersection of operant behavioral theory and the quality of the therapeutic alliance, a key component of relational procedural justice. Operant behavioral theory does not differentiate the relative effect of rewards versus sanctions, rather the theory posits that consistent use of appropriate incentives and sanctions will shape behavior. From this perspective, the structure of FTCs facilitates reliable monitoring of client behavior, which leads to consistent and predictable responses to positive and negative behaviors. Study participants appreciated the consistency and frequency of contact. However, the study's findings suggest that incentives, specifically verbal praise, may be particularly motivating. Praise is an inherently relational type of incentive that may demonstrate respect from the FTC team and judge and reflects the concept of standing. These findings underscore the importance of operant behavioral theory and procedural justice as interconnected in the FTC setting, with praise and the use of sanctions (operant conditioning) being

enhanced by the therapeutic alliance (procedural justice). Prior criminal justice research suggests incentives including verbal praise from authority figures increase pro-social behavior among people with SUD to a greater degree than sanctions (Mowen et al., 2018). Furthermore, verbal praise may increase pro-social behavior to a greater degree than other types of incentives, such as receiving a small gift or financial payment (Fuoco et al., 1988). Future research is needed to understand how these factors shape compliance and outcomes with a larger sample, over time, and in different treatment court settings, including FTCs and other problem-solving courts.

Lastly, our findings point to a factor often overlooked in FTC scholarship: the quality of substance use treatment. FTC programs do not, themselves, provide substance use treatment. Rather, FTCs typically partner with treatment providers who receive referrals from the FTC for substance use assessments and direct services. Although substance use treatment compliance is one of the most robust predictors in reunification for this population, and an entire FTC Standard is dedicated to “Timely, High-Quality, and Appropriate Substance Use Disorder Treatment”, this may be an area of FTC that is overlooked in research and practice. Participants in our study specifically discussed the importance of their relationships with treatment professionals, the quality of substance use treatment, and access to other recovery supports outside the FTC program.

## Limitations

There were several limitations to the current study that warrant discussion. First, this study utilized single-session interviews that all occurred over the course of one week. While the practice of utilizing single interviews to explore the perceptions of parents involved in the child welfare system is not uncommon (Akin & Gregoire, 1997; Falletta et al., 2018), it is likely that due to the appearance schedule for the FTC court some of the FTC-involved parents may not have been available during the data collection period. Second, all of the interviews for this study were conducted in English resulting in the exclusion of the experiences of non-English speaking court participants. Third, data analysis for this project was completed by the first two named authors, which may have limited the findings. The authors were conscious of their own perspectives and experiences related to the topic under investigation and utilized an intensive dialogical approach during the analysis process to explore, challenge, and set aside bias as well as to develop thematic consensus. Both authors have extensive experience working in the substance use treatment fields and it is likely that the data analysis and presentation of findings was influenced by these experiences. Next, the small sample size may not fully capture the diversity of experiences among FTC participants. However, although the sample size is small, the study participants represented more than half of the families in the FTC program. Additionally, the sample exhibited a gender bias, with most of the participants being female. This imbalance could influence the findings, as women may have different interactions with the FTC process compared to men. Finally, the sample was limited to participants actively engaged in or recently discharged from the FTC during the data collection period and did not include those who had ended contact with the FTC or disengaged from court proceedings unsuccessfully.

## Conclusion

As child welfare systems throughout the United States continue to seek out innovative and holistic approaches to address parental SUD, there has been increased emphasis over the past 25 years on judicial interventions that focus on treating the parent in addition to prioritizing child safety. FTCs are one such intervention. This study sought to explore the mechanisms that help or inhibit successful completion of the FTC model. While the structural and relational factors contributing to successful FTC outcomes and family reunification are complex, the findings of this study indicate that through an interplay of behavioral theory and relational procedural justice, success may be based more on the relationships developed between the participant and court actors rather than punitive repercussions. This study's findings indicate that successful completion of FTC programs and meaningful behavioral change may be based more on interpersonal connection than consequences.

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## Declaration of Conflicting Interests

Lloyd Sieger was a sub-award recipient from the Oklahoma Department of Mental Health and Substance Abuse Services.

## Declaration of Funding

This work was supported by the Substance Abuse and Mental Health Services Administration, through funding to the Oklahoma Department of Mental Health and Substance Abuse Services, Award No. TI080293.

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