Family Dependency Drug Courts: An Empirical Test Of Therapeutic Jurisprudence

2013

Elizabeth Lindsey-Mowery

University of Central Florida

Find similar works at: https://stars.library.ucf.edu/etd

University of Central Florida Libraries http://library.ucf.edu

Part of the Public Affairs Commons

STARS Citation

https://stars.library.ucf.edu/etd/2942

This Doctoral Dissertation (Open Access) is brought to you for free and open access by STARS. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of STARS. For more information, please contact lee.dotson@ucf.edu.
FAMILY DEPENDENCY DRUG COURTS: AN EMPIRICAL TEST OF THERAPEUTIC JURISPRUDENCE

by:

ANN LINDSEY-MOWERY
B.S. Florida State University, 1989
B.A. University of Central Florida, 1992
M.S. University of Central Florida, 2000

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Department of Public Affairs in the College of Health and Public Affairs at the University of Central Florida Orlando, Florida

Fall Term
2013

Major Professor: K. Michael Reynolds
The rise in cases of child abuse and neglect over the past two decades has overwhelmed the nation’s dependency court and child welfare agencies. While multiple factors are associated with child abuse and neglect, it is indisputable that substance abuse plays a significant role. The families that come into the dependency system with substance abuse issues are substantially more difficult and challenging to serve. Consequently, the families experience low levels of reunification and high levels of child welfare recidivism. In response to the increase in dependency cases involving substance abuse and the inability of the traditional dependency courts (TDC) to handle these cases, Family Dependency Drug Courts (FDDC) were created.

The study utilized Therapeutic Jurisprudence Theory to examine differences in child welfare outcomes between substance abusing individuals served in a traditional dependency court system versus the therapeutic jurisprudence driven Family Dependency Drug Court system. Logistic regression, ANOVA and Chi-square were performed on a non-random sample derived from court systems in two Central Florida counties to examine two child welfare outcomes, specifically reunification rates and child welfare recidivism.

The findings indicate that substance using participants in the FDDC have much higher rates of reunification than comparable substance using participants processed through the traditional dependency court. Also, of the individuals who attended FDDC,
those who graduated were reunified at a significantly higher rate than those that didn’t graduate.

In regards to child welfare recidivism within a one year time period, there was not a statistically significant difference when comparing the FDDC participants and the TDC participants. When comparing the FDDC participants who completed the program versus those that failed to complete the program, while the child welfare recidivism rates were not significantly different, there is some evidence that the participants that completed the FDDC program experience less child welfare recidivism than those that don’t have the full experience of therapeutic jurisprudence. This research lends some support for both the FDDC program and the explanatory power of Therapeutic Jurisprudence Theory. Theoretical and policy implications, as well as further research, are proposed and discussed.
To my mother and father, Minnie Kennerly Lindsey and Allen Lindsey, because you created the foundation from which I stand every single day of my life.
ACKNOWLEDGMENTS

Completing a dissertation is never an independent project. I am incredibly indebted to so many people. First I wish to thank the individuals who assisted me with my data collection (for probably longer than they ever imagined): Sharon Cilono from Orange County and Michael Jewell from Volusia County. Their knowledge and cooperativeness made this project possible and I am grateful for their assistance.

I would also like to acknowledge my family. Without my husband’s constant encouragement and support, this dissertation could never have been completed. I’m certain that there were many times he felt like a single parent during this process. I am also thankful to my children: Tanner, Joshua and Rebecca for their unconditional love. They are my greatest accomplishment in life – far more important than completing a dissertation. I also feel very blessed to have supportive and loving parents in my life.

Finally, I wish to thank my dissertation committee, starting with my chair, Dr. Michael Reynolds. He encouraged me to enter the program and then gracefully stepped up to lead my committee when I was ready to start my dissertation. I can’t even recall all of the times I relied on him, only that he never let me down. I consider Dr. Reynolds not just a teacher, chair and mentor but a true friend. I have always felt like he sincerely cared about my success and was there to see me through this process. His insight, encouragement and constant support made this all possible.

In addition to Dr. Reynolds, I was also supported by a strong committee of brilliant professors: Dr. Raymond Surette, Dr. Mark Winton, Dr. Mary Ann Eastep and Dr. Ning Zhang. I always valued Dr. Surette’s practical approach to research and his
constant guidance. Dr. Winton’s exceptional understanding of my topic was so helpful and appreciated. Not only did Dr. Eastep provide me with assistance related to my theory, but she was always there to encourage me. Dr. Zhang was both an amazing teacher and an exceptional committee member. Each of them provided me with a unique perspective that enhanced my end product and I am forever grateful.

Someday I will forget the endless drafts, the frustration, and the long nights I put into this product, but I will never forget all of you who helped me fulfill a life dream.
# TABLE OF CONTENTS

LIST OF FIGURES ........................................................................................................... xi

LIST OF TABLES .............................................................................................................. xii

LIST OF ACRONYMS AND ABBREVIATIONS ................................................................. xiii

I. INTRODUCTION ........................................................................................................... 1

   The Drug & Child Welfare Nexus .............................................................................. 2
   Family Dependency Drug Courts ............................................................................. 6
   Problem and Research Questions ............................................................................. 9

II. LITERATURE REVIEW & THEORETICAL FRAMEWORK ........................................... 11

   The Consequences of the Drug Problem .................................................................. 11
   Criminal Justice System Response ......................................................................... 13
   Overview of Drug Court Research ......................................................................... 16
       Criminal Recidivism ............................................................................................... 16
       Drug Use ................................................................................................................. 17
       Costs ......................................................................................................................... 18
       Drug-free Babies ..................................................................................................... 19
       Other Drug Court Effects ...................................................................................... 19
   Family Dependency Drug Courts ............................................................................. 20
   Therapeutic Jurisprudence Theory ............................................................................ 25
   Therapeutic Jurisprudence in the Drug Court Setting ............................................. 29
       1. Judicial Supervision & Frequent Court Monitoring ........................................... 32
       2. The Presence of a Therapeutic Team in a Non-Adversarial Setting ............... 33
       3. Drug Treatment and Testing ............................................................................. 34
       4. Sanctions and Rewards ...................................................................................... 35
       5. Availability of Ancillary Services ...................................................................... 36
   Analysis of Treatment Effects ................................................................................... 36
   Gaps in Knowledge .................................................................................................... 40
   Study Hypotheses ...................................................................................................... 43

III. RESEARCH METHODOLOGY .................................................................................... 45

   Study Population ........................................................................................................ 45
       Traditional Dependency Court (TDC) .................................................................. 46
       Family Dependency Drug Court (FDDC) .............................................................. 51
   Research Design and Operationalization and Measurement of Study Variables .... 57
   Data Collection ......................................................................................................... 61
Hypothesis 7: Of the individuals who were reunified, participants who start in but fail to complete FDDC will have more future contact with child welfare agencies than participants who complete the FDDC program.  

Descriptive Analysis .................................................................................................................. 101  
Chi-Square ............................................................................................................................... 102  
Assumptions for Logistic Regression ....................................................................................... 103  
Results of Logistic Regression ............................................................................................... 103  
Child Welfare Recidivism: Summary of Hypotheses 4-7 ......................................................... 106

V. DISCUSSION AND CONCLUSION ...................................................................................... 109  
Discussion .................................................................................................................................. 109  
Child Welfare Reunification ................................................................................................. 109  
Child Welfare Recidivism ....................................................................................................... 115  
Theoretical & Policy Implications ............................................................................................. 118  
Limitations ............................................................................................................................... 123  
Research Design & Internal Validity ....................................................................................... 123  
Generalizability & External Validity ....................................................................................... 125  
Secondary Data Limitations ..................................................................................................... 128  
Implications for Future Research ......................................................................................... 129  
Conclusion .................................................................................................................................. 131  

APPENDIX: IRB APPROVAL LETTER .................................................................................... 134  
REFERENCES .......................................................................................................................... 136
LIST OF FIGURES

Figure 1: Dependency Process .................................................................................. 47
LIST OF TABLES

Table 1: Eligibility Criteria for Participating in the Family Dependency Drug Court ..... 53
Table 2: Sanctions and Incentives/Rewards for Both Counties…………………………. 55
Table 3: Dependent Variables………………………………………………………………. 57
Table 4: Independent Variables …………………………………………………………….. 58
Table 5: Control Variables…………………………………………………………………… 61
Table 6: Descriptive Statistics by Dependency Court Status…………………………… 65
Table 7: Test of Homogeneity of Variances ………………………………………………… 67
Table 8: Results of ANOVA…………………………………………………………………… 68
Table 9: Post Hoc Multiple Comparisons …………………………………………………. 69
Table 10: Descriptive Statistics by Type of Court …………………………………………. 72
Table 11: Reunification by Type of Court & Chi-Square Results…………………….. 73
Table 12: Collinearity Statistics ………………………………………………………………… 75
Table 13: Casewise List ……………………………………………………………………….. 75
Table 14: Goodness of Fit and Model Summary…………………………………………… 76
Table 15: Classification Table ………………………………………………………………… 77
Table 16: Regression Results ………………………………………………………………… 79
Table 17: Goodness of Fit & Model Summary……………………………………………… 81
Table 18: Classification Table ………………………………………………………………… 82
Table 19: Regression Results ………………………………………………………………… 83
Table 20: Family Dependency Drug Court Participants by Completion Status………. 84
Table 21: Goodness of Fit & Model Summary……………………………………………… 87
Table 22: Classification Table ………………………………………………………………… 88
Table 23: Regression Results ………………………………………………………………… 89
Table 24: Summary of Reunification Results ………………………………………………. 90
Table 25: Descriptive Statistics for Reunified Participants by Dependency Court Status …………………………………………………………………………………………… 92
Table 26: Descriptive Statistics for Reunified Participants by Type of Court………... 95
Table 27: Child Welfare Recidivism by Type of Court & Chi-Square Results……….. 96
Table 28: Child welfare recidivism by Court Completion Status & Chi-Square Results. 98
Table 29: Child welfare recidivism by Court of Completion & Chi-Square Results ………. 100
Table 30: Child Welfare Recidivism at 1 Year for Reunified FDDC Participants …… 102
Table 31: Goodness of Fit & Model Summary……………………………………………… 104
Table 32: Classification Table ………………………………………………………………… 105
Table 33: Regression Results ………………………………………………………………… 106
Table 34: Summary of Child Welfare Recidivism Results ……………………………… 107
LIST OF ACRONYMS AND ABBREVIATIONS

ASFA - Adoption and Safe Families Act
DCF – Department of Children and Families
DUI – Driving under the influence
FDDC – Family Dependency Drug Court, a/k/a Family Drug Court, Family Treatment Drug Court and Dependency Drug Court
ITT – Intention to Treat
JR – Judicial Review (hearing)
TDC – Traditional Dependency Court, a/k/a Dependency Court
TPR – Termination of Parental Rights
I. INTRODUCTION

Drug use and abuse extends to virtually every corner of society. According to the National Survey on Drug Use and Health (2010), in 2009 an estimated 21.8 million Americans aged 12 or older used an illicit drug within the last month. This estimate equates to 8.7 percent of the total population in the United States (NSDUH, 2010, p. 1).

While illegal drug use is widespread, estimates of licit drug use, specifically alcohol, are even higher. Slightly more than half of Americans aged 12 or older reported being current drinkers of alcohol in the 2009 survey, which translates to approximately 130.6 million people (NSDUH, 2010, p. 3). Among the 17.1 million who were considered to be heavy drinkers, 33.2 percent were also current illicit drug users (NSDUH, 2010, p. 3).

Further findings from the National Survey on Drug Use and Health (2010) indicate that 22.5 million persons aged 12 or older were classified with substance dependence, in the past year (9.0 percent of the population). Among these, 3.2 million were classified with dependence on or abuse of both alcohol and illicit drugs; 3.9 million were dependent on, or abused, illicit drugs but not alcohol; and 15.4 million were dependent on or abused alcohol but not illicit drugs (NSHUD, 2010, p. 6).

One of the most dramatic consequences of these statistics is the impact of such behaviors on all facets of society, including the family unit. The breakdown of the family unit due to substance use and abuse has far-reaching ramifications which greatly impact society. When substance use leads to abuse, neglect and/or abandonment of
minor children, as it so often does, tremendous burdens are placed on the social welfare system to respond effectively and efficiently to ensure the future safety and well-being of the children.

**The Drug & Child Welfare Nexus**

The rise in cases of child abuse and neglect over the past three decades has overwhelmed the nation’s dependency courts and child welfare agencies. Between the years 1986 and 1997, the number of abused and neglected children climbed from 1.4 million to around 3 million (No Safe Haven: Children of Substance-Abusing Parents, 1999). The number swelled higher during the year 2006, when social child welfare agencies handled an estimated 3.3 million referrals involving the alleged maltreatment of approximately 6.0 million children (U.S. Department of Health and Human Services, 2008). The most recent numbers, in 2011, indicate that 3.4 million referrals were made to include 6.2 million children (U.S. Department of Health and Human Services, 2012). Of the referrals that were officially investigated in 2011, approximately 20 percent were determined to have been abused or neglected. This equates to 681,000 underage victims across the United States (U.S. Department of Health and Human Services, 2012).

While multiple factors are associated with the increase in abuse and neglect cases over the years, it is indisputable that substance abuse plays a significant role (Young, Boles, & Otero, 2007). In 2005, the National Crime Victimization Survey published a report indicating that drugs and/or alcohol play a role in 47.8% of cases
involving family violence (Durose et al., 2005, p. 15). In support of this finding, most studies have estimated that anywhere from 40-60 percent of dependency cases are directly related to substance use (Johnson-Motoyama, Brook, Yan, & McDonald, 2013).

Some sources, however, have estimated the percentages to be even higher. For example, Marsh, Smith and Bruni (2011) estimate that 50-80% of parents that are involved in the child welfare system have serious substance abuse problems. The Child Welfare League of America (2001) found that experts identify parental substance abuse as a precipitating factor in around 80 percent of substantiated child abuse and neglect cases. Additionally, although the national data are incomplete, it is estimated that substance abuse is a contributing factor in three-fourths of all foster care placements (Kelleher et al., 1994; Center for Substance Abuse Treatment, 2010) and in some states, up to 80% of the children in state custody are estimated to be there due to family substance abuse problems (Chasnoff, 2009). Unfortunately, parental substance use continues to be under-identified by child protective services (Chuang, Wells, Bellettiere, & Cross, 2013).

In the State of Florida “Eighty percent (80%) of all child abuse hotline reports include a parental substance abuse component” (Office of Court Improvement, 2008, p. 56). Also in Florida, substance abuse is one of the most common risk factors present in child abuse or neglect deaths (Florida Child Abuse Death Review Committee, 2010, p. 8). Of the thirty states that reported maltreatment specific data in 2011, 12.8 percent of
child fatalities cases involved children exposed to caregiver drug abuse (U.S. Department of Health and Human Services, 2012).

Child abuse and neglect is much more common in families that are coping with a drug and/or alcohol abusing parent. Kelleher et al. (1994) found that “children whose parents abuse drugs and alcohol are nearly three times more likely to be abused and more than four times likely to be neglected than children of parents who are not substance abusers.” Parental substance abuse can interfere with decision making, mental functioning, judgment, inhibitions, and protective capacity (Goldman, Salus, Wolcott, & Kennedy, 2003). “The search for drugs or alcohol, the use of scarce resources to pay for them, the time spent in illegal activities to raise money for them, or the time spent recovering from hangovers or withdrawal symptoms can leave parents with little time or energy to care properly for their children” (Children's Bureau, Office on Child Abuse and Neglect Children's Bureau, 2009). Addiction has also been found to influence types and consistency of discipline, and contributes significantly to neglect (State Child Abuse Death Review Committee, 2009).

Consequently, children exposed to and raised in homes wherein substance use and abuse is present, “often have language delays, perform poorly in school, are disorganized in behavior even at school age, and have insecure attachments” (Office of Court Improvement, 2008, p. 58). Additionally, they have been found to experience intellectual, physical and emotional problems (State Child Abuse Death Review Committee, 2009, p. 36) and are more likely to become involved with adolescent
substance use and delinquency (Children’s Bureau, Office on Child Abuse and Neglect Children’s Bureau, 2009).

Traditional dependency courts have been charged with the enormous task of providing appropriate and timely services to parents and children hoping to ultimately reunify families. The typical dependency court deals with clients with immediate concerns and complex needs such as parenting skills/training, mental health issues, employment, housing, and transportation. Even with the multitude of client needs, the child welfare system struggles with low rates of both service utilization and family reunification (Choi & Ryan, 2007).

The dependency cases that also contend with substance-abuse issues are substantially more difficult and challenging, and have been well delineated for more than a decade (Substance Abuse and Mental Health Services Administration, 2012; Choi, Huang, & Ryan, 2012). The typical child welfare worker does not have the necessary knowledge and training to handle drug and alcohol addiction (Choi & Ryan, 2007; Rittner, & Dozier, 2000; Carlson, 2006). The unique challenge of these cases is evidenced in many studies. Gregoire and Schultz (2001) found that when parents are referred for treatment for their substance abuse issues as part of a child welfare case; few actually completed the assessment and treatment program. Further, when children of substance-abusing parent(s) entered the system, they experienced significantly longer stays in foster care and much lower rates of family reunification (Ryan, Marsh, Testa, & Louderman, 2006; York et al., 2012; Cheng, 2010). When they were reunified,
the rates of reentering the dependency system and having their children removed again ranged from 20% to 40% (Festinger, 1996; Frame, Berrick & Brodowski, 2000).

**Family Dependency Drug Courts**

In response to the increase in dependency cases involving drug and alcohol abuse and the inability of the traditional dependency courts to handle these cases, Family Dependency Drug Courts (hereinafter referred to as FDDC) were created. The first FDDC opened in Reno, Nevada in 1994. They represent a by-product of the popular and ubiquitous adult and juvenile drug courts. FDDCs are a variation of the specialized, treatment-based (sometimes referred to as problem-solving) drug courts that have increased substantially since the late 1980s.

As of March 1, 2012, the United States had a total of 2,231 active adult, juvenile and family dependency drug courts, with another 202 in the planning stages (Bureau of Justice Assistance Drug Court Clearinghouse, 2012). The first of these was the adult drug court created in 1989 in Miami, Florida. Following were the juvenile drug courts, which started in 1995. Both the adult and juvenile courts function as an alternative to the criminal court process. They deal primarily with substance abusing individuals who have been arrested for a drug-related criminal offense. The idea is to divert offenders into treatment and away from the criminal justice system. If they graduate or successfully complete the drug court program, they either have their charges dismissed (in a diversion or presentence model) or probation sentence reduced (in a post-sentence model) (Miller, 2005).
On the other hand, FDDC serve substance abusing individuals who have had their minor children removed from their custody due to abuse, neglect and/or abandonment. They were first created in 1993, several years after the more popular adult drug courts and before the first juvenile drug court. As of March 1, 2012, 283 of the total active courts in the U.S. are Family Dependency Drug Courts, with another 29 combined juvenile/family dependency drug courts and another 29 in the planning stages (Bureau of Justice Assistance Drug Court Clearinghouse, 2012). Despite ongoing drug court funding issues, the number of Family Dependency Drug Courts nationwide has increased every year since 1995 (Bureau of Justice Assistance Drug Court Clearinghouse, 2007). Of the federal dollars allotted in the budget for treatment, there continued to be money available for start-up and for continuation of drug court programs through early 2012.

In the State of Florida, drug courts are authorized and partially funded through Florida Statute 397.334 (Huddleston, Freeman-Wilson, Marlowe & Roussell, 2005, p. 15). In comparison to other states, Florida ranks fourth in the nation when considering total number of drug courts per state. As of mid-year 2010, of the 106 operating drug courts in Florida, 23 were fully functional FDDCs (American University, 2010).

The Florida Department of Children and Families estimated that in approximately half of the protective supervision cases, one or more of the caretakers were in need of services related to substance abuse (Supreme Court Task Force on Treatment-Based Drug Court, 2004, p. 17 citing to DeCerchio & Duchene, 2004). Since this estimate did not include all child welfare cases, it represents a conservative lower boundary estimate
as to the incidence of substance abuse within the dependency system in the state of Florida (Supreme Court Task Force on Treatment-Based Drug Court, 2004, p. 17).

Like all specialized treatment-based courts, FDDCs represent a tremendous shift away from the traditional court processes and procedures. As opposed to the adversarial system found in traditional courts, Family Dependency Drug Courts operate using therapeutic jurisprudence. Therapeutic jurisprudence has more recently been used as a theoretical framework; however, because it is a newer concept, it is not yet well-defined. With that said, therapeutic jurisprudence theory is the notion that jurisprudence administered in a structured therapeutic environment will serve participants better than traditional jurisprudence.

Accordingly, participants that are processed through a therapeutic setting (such as FDDC) have a very different experience than those processed through a traditional court setting, such as criminal or dependency court. Among the distinct differences, FDDC provides for immediate and continuous court intervention that includes drug testing, frequent court status hearings, and complying with court conditions concerning rehabilitation, treatment efforts, and child welfare issues (Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project, 1998). Judges interact with each parent on a regular basis, providing support and redirection through a system of sanctions and incentives (Wheeler & Fox, 2006). As opposed to the adversarial system found in the traditional dependency court, FDDC emphasizes a collaborative effort by the participants and courtroom players to work together toward the goals of successful treatment and reunification of the family (Edwards & Ray, 2005).
Problem and Research Questions

An enormous amount of time, effort and money are being used to establish and operate Family Dependency Drug Courts, as an alternative to traditional dependency court. Since the number of these specialized courts continues to grow every year in the United States, the need for empirical research regarding the results is essential.

While a substantial body of literature does exist outlining positive outcomes for several other types of specialized courts that operate with therapeutic jurisprudence, little research is available on the relatively new FDDC. Even with the research showing positive outcomes in other types of drug courts, little is known about what therapeutic elements, practices and procedures, found in the specialized FDDC system, actually impact success for participants.

Adult and juvenile drug courts measure success using substance abuse outcomes and criminal recidivism. Alternatively, Family Dependency Drug Courts deal with substance abuse outcomes in combination with child welfare recidivism. Success can be more specifically defined in the FDDC setting as completing substance abuse treatment and being timely and safely reunified with the minor child(ren) without further need for state intervention.

Consequently, many relevant research questions are ripe for exploration at this time. The overarching question for this study is: What explanatory power does therapeutic jurisprudence theory have regarding success in the family dependency drug court setting? More specifically, the two main research questions that will be addressed are as follows:
1) Will the substance-abusing individuals processed through the traditional dependency court system experience the same level of child welfare success as those processed through the Family Dependency Drug Court system, which operates using therapeutic jurisprudence?

2) Among the substance-abusing individuals processed through the Family Dependency Drug Court system, will the participants that don’t complete the program experience the same level of child welfare success as the participants that complete the program?
II. LITERATURE REVIEW & THEORETICAL FRAMEWORK

The Consequences of the Drug Problem

There are many consequences associated with society’s profound interest in mind-altering substances. These consequences are evident at the individual, family unit and community levels. At the individual levels, the consequences of substance use and abuse, include, but are not limited to, health problems, disease, premature death, quality of life issues, diminished academic and job performance, enslavement to a chemical and subversion of relationships (Goode, 2012; United Nations Office on Drugs and Crime, 2012). These same consequences extend beyond the user and greatly impact the family unit. These problems associated with drug abuse extend to all people, irrespective of gender, ethnicity/race, geographic areas and socioeconomic levels (Levinthal, 2012).

The family unit has additional concerns as the victims of family violence report that drugs and/or alcohol were used by the offender at the time of the offense (Durose et al., 2005). Rates of physical and sexual abuse have been reported to be significantly higher among parents reporting substance abuse histories (Walsh, MacMillian, & Jamieson, 2003).

Not only are family members at a higher risk when substance abuse is present in a household, but unborn babies are also at risk. Specifically, the use of alcohol and illicit
drugs during pregnancy has become a major public health concern as poor pregnancy outcomes and negative effects on newborns have been documented (Chasnoff, 2009). The combination of prenatal substance exposure, child welfare system involvement and disruptions in relationships when a child must be removed from the care of their family, make the child(ren) vulnerable to negative outcomes (Twomey, Miller-Loncar, Hinckley, & Lester, 2010), especially involving child developmental concerns. The added costs to society of caring for drug dependent and exposed babies can be exceptionally high (Huddleson et al., 2005).

The costs to society as a whole are far-reaching as well. Levinthal (2012) classifies the costs into four major areas, including workforce, healthcare, drug related crime and the effects on the criminal justice system. More specifically, the workplace is impacted by lost productivity in the form of absenteeism, workforce accidents, and premature death of workers. A substantial amount of health care expenditures can be directly attributed to substance abuse, including illnesses, diseases and treatment costs.

The costs associated with drug use and abuse have been estimated many times over the years. Recently, the United States Department of Justice through their National Drug Threat Assessment 2010 estimated that the economic cost alone is immense at nearly $215 billion. This is considerably higher than a 2007 estimate of $193 billion (National Drug Intelligence Center (NDIC) and a 2002 estimate of drug abuse cost to society at $181 billion (National Institute on Drug Abuse, 2006, p. 1). Of the $181 billion
in social costs attributed to drug abuse in 2002, the average cost to the American family was approximately $2,446 (Drug Enforcement Administration, 2004).

It is important to note that estimates are all derived using different methods. There have been much higher estimates that have considered many other related costs. For example, the Lewin Group did a study for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism which estimated the total economic cost of alcohol and drug abuse to be $245.7 billion for 1992 (National Institute on Drug Abuse, 2006). This estimate includes substance abuse treatment and prevention costs as well as other healthcare costs, costs associated with reduced job productivity or lost earnings, and other costs to society such as crime and social welfare.

The nexus between drugs and crime is well-established, making drug-related crime a significant problem to society. A wide range of violent acts and other crimes are associated with either alcohol or drug use (Levinthal, 2012). Substance abuse by either victim or perpetrator has long been associated with violence and abuse (Jogerst, Daly, Galloway, Zheng, & Xu, 2012). Additionally, the substantial increases in the prison population since the 1980’s have in large part been attributed to direct drug crime and drug-related crimes (Belenko, 2006). The expense of maintaining a criminal justice system devoted to the control of illicit drugs is overwhelming (Levinthal, 2012).

**Criminal Justice System Response**

The criminal justice system has implemented a multi-faceted approach to the ongoing drug problem in the United States. In 2011 the National Drug Control Budget
allotted over 25 billion in federal funding to fight the war on drugs (Office of National Drug Control Policy, 2012, p. 19). This budget encompasses money for both efforts towards decreasing the demand for drugs (prevention and treatment) and for interfering with the drug supply (domestic and international law enforcement and interdiction).

Attempts aimed at ceasing the drug supply include interdiction and international and domestic law enforcement efforts. The cost of drug-related crime in 2002 was estimated at $107 billion (National Institute on Drug Abuse, 2006, p. 1). In 2007, law enforcement made more arrests for drug violations than for any other single offense. This constituted 1.8 million arrests or approximately 13% of the total number of arrests across the United States (Uniform Crime Report, 2007).

Law enforcement efforts have resulted in large numbers of drug offenders being processed through the court system. In 2002, the state courts handled over three hundred and forty thousand felony drug convictions, representing the single highest category at 32% of the total convictions (Durose & Langan, 2005). In the federal court system in 2007, the number of drug offense cases prosecuted represented 34.4% of the annual caseload, which was the highest single category of crime (Schmitt, 2008). Traditional jurisprudence has come to be seen as a revolving door for drug-using offenders (Longshore, et. al., 2001).

Finally, the system of corrections at both the federal and state levels has experienced tremendous growth in the number of offenders under their supervision. During the last twenty years, the increase in prison populations has been attributed in large part to drug and drug-related crimes (Belenko, 2006). Although prison populations
vary from state to state, drug offenders consist, on average, of approximately 16.8% of the total population (Carson & Golinelli, 2013). According to the Federal Bureau of Prisons (2013), 50.1% of federal prisoners are incarcerated because of a drug offense. The federal prison system has more offenders in custody for drug charges than for any other type of crime.

Within the incarcerated populations, studies indicate that 52% of women and 44% of men meet the criteria for drug and/or alcohol dependence (Karberg & James, 2005). Even so, fewer than 20% of those incarcerated with drug problems receive treatment (other than self-help or drug education) in the prison setting (National Institute on Drug Abuse, 2006, p. 2). Beyond the jail and prison populations, the systems of corrections must also contend with the offenders under other forms of supervision that have a substance abuse problem. For the one-third to one-half of all of those individuals under formal criminal justice control (including those in jail and prison and those on probation or parole), the demand for drug treatment far outweighs the availability (Taxman, 2003).

While it is well-established that the criminal justice system is greatly impacted by illicit drug use and alcohol abuse, the impact extends to other government entities as well. Among the federal, state and local agencies overwhelmed by the ongoing drug problem is the child welfare system, which has the task of protecting minor children from substance abusing parents and guardians. The state has the daunting task of ensuring the safety and well-being of minor children, reunifying families and keeping parents/guardians substance-abuse free.
Overview of Drug Court Research

Adult and juvenile drug courts have been extensively studied over the years. Consequently, the literature is substantial and provides much knowledge about the effectiveness and efficiency of drug courts in general. The drug court model has been in existence since 1989 and has been the subject of many empirical evaluations. A growing number of studies has supported treatment-based courts over the years (U.S. Department of Justice, June 2006). The overall findings of drug court research lean toward endorsing them for their beneficial effects (Stinchcomb, 2010). Generally speaking, the literature indicates that graduates from both adult and juvenile drug courts perform better on multiple measures than non-graduates, as discussed more fully below.

Criminal Recidivism

Graduates of a drug court program have lower criminal recidivism rates than similar individuals that were processed through the traditional court system (Government Accountability Office, 2005; Taxman, 2003). Additionally, drug court programs are viewed as a cost-effective method of reducing recidivism (Goode, 2012). In the most recent GAO report involving data from 32 drug court programs, participants continued to be less likely to be re-arrested than comparison groups, although the differences in likelihood varied tremendously (Government Accountability Office, 2011). In a five-year multisite adult drug court evaluation involving twenty-three courts from seven different regions in the United States (Rossman & Zweig, 2012), drug court participants reported committing significantly fewer criminal acts than the comparison
group. Juvenile drug courts, in contrast to the recidivism reduction effects of both adult and DWI drug courts, have been reported to have relatively small effects on the recidivism of the participants (Mitchell, Wilson, Eggers, & MacKenzie, 2012). Overall, the results of seven meta-analyses conducted by independent scientific teams on adult drug courts found that recidivism rates for participants were eight to twenty-six percentage points lower than any other justice system responses (Huddleston & Marlowe, 2011, p. 9).

Other recidivism data includes the findings that criminal behavior is substantially reduced while clients are participating in the drug court program (Huddleston, 1998, p.99). Further, recidivism reductions have been maintained for substantial lengths of time after completion of the program. The reductions have been shown to persist up to 30 months by some (Peters & Murrin, 2000) and 36 months by others (Harrison & Scarpitti, 2002) after completion of a program. Three out of every four drug court graduates remain arrest-free at least two years after graduation (Gerson, 2011, p. 1).

Drug Use

Juvenile and adult graduates from drug court programs had lower rates of substance abuse (Peters & Murrin, 2000) and less chance of continued drug use in the future (Government Accountability Office, 2005; Government Accountability Office, 2011). Adult drug court participants are significantly less likely to relapse to drug use, and among those that did relapse, they used drugs significantly less (Rossman & Zweig, 2012). Also, drug court participants are more likely to stay in treatment longer and complete treatment than are other treatment clients not involved in the drug court
process (Gebelein, 2000, p. 4). Among drug court participants in a multisite adult drug court evaluation, drug use was reduced equivalently for most subgroups regardless of primary drug of choice, past criminal history or associated mental health issues (Rossman & Zweig, 2012, p. 3).

**Costs**

Many studies have shown that the overall cost of processing an offender through a drug court is lower than processing an offender through the traditional court setting which makes drug courts a cost effective use of taxpayer resources (Carey & Finigan, 2004, p. 315). A study by Byrne (2004), found that regardless of graduation status, taxpayers save a significant amount of money over time when a drug court exists in their area. While expenditure and savings varied considerably among the drug court agencies involved, the overall drug courts demonstrated significant savings.

This estimated savings was due, in part, to a reduction in recidivism among the drug court participants (U.S. Department of Justice, June 2006). Other estimates indicated that for every dollar spent on addiction treatment programs, there is a four to seven dollar reduction in the cost of drug-related future crimes (National Institute on Drug Abuse, 2006, p.1). Even when adult drug courts target their services to the more serious, high risk offenders, the average return on investment was determined to be $3.36 for every $1 invested (Huddleston & Marlowe, 2011, p. 10).

While most drug court programs are associated with positive fiscal benefits, negative benefits have also been reported. Of 11 studies reviewed by the Government Accountability Office (December 2011), 3 of the studies reported negative net benefits.
The GAO noted in their findings that it is unclear if the monetary differences were due to differences in the study methodology or if it was the result of attributes of the drug courts themselves (Government Accountability Office, 2011, p. 25). Since all of the programs operate differently and function within different environments, it is difficult to address the differences in costs/savings associated with drug courts.

**Drug-free Babies**

In addition to reductions in recidivism and drug use, there have been more drug-free babies born to those in a drug court program when compared to individuals involved with the criminal court system (Government Accountability Office, 2005). This difference has the added benefit of reducing the costs to society of caring for drug-exposed children, as prenatal substance abuse can cause a wide variety of medical complications and neurological impairments (Sagatun-Edwards & Saylor, 2000, p. 926). Some experts estimate that the care and treatment costs for each child born addicted to drugs is a minimum of $250,000 for the first year of life. Additional medical and related costs that accrue in subsequent years until the child reaches age 18 are estimated to be as high as $750,000 (Colker, 2004). Many children exposed to drugs in the womb suffer permanent developmental abnormalities (Liska, 2004).

**Other Drug Court Effects**

Other benefits have also been found for drug court participants, including less family conflict, the increased likelihood that they would enroll in school in the immediate
future and participants requiring less future assistance with employment and financial issues (Rossman & Zweig, 2012; Kralstein, 2010).

**Family Dependency Drug Courts**

Historically, most research in the area of drug courts focuses on drug treatment, recidivism, and the costs associated with the programs. While, for the most part, this is adequate for both the juvenile and adult drug courts, it does not provide a complete understanding of FDDC outcomes. Additionally, the current literature provides little insight as to why and how specialized courts achieve successful outcomes. More specifically, what, if any, therapeutic components contribute to the success of the participants?

The first FDDC started in 1993 and by 2001 there were only a total of fifty-nine across the United States. Recently, the numbers have grown more rapidly, as there are 283 FDDCs in the United State as of March of 2012 (Bureau of Justice Assistance Drug Court Technical Assistance Project, 2012). Since they are still relatively new in terms of drug court programs, research concerning FDDC outcomes, especially those dealing with the issue of child welfare, have not been explored in-depth. In the publication *Summary of Impact Findings Reported for Outcome Family Drug Court Programs: 2000-Present* (December 26, 2006) compiled by the Bureau of Justice Assistance Drug Court Clearinghouse, only three different studies are cited, underscoring the need for research regarding Family Dependency Drug Courts. Since this publication, only a small number of additional studies have appeared in the literature.
Family Dependency Drug Courts apply the heavily evaluated drug court model to cases entering the child welfare system (Wheeler & Fox, 2006). The positive outcomes associated with adult drug courts outlined above have been used as justification for the creation and continued existence of the similar FDDC. Much less research exists on specific FDDC programs and participants.

In what appears to be the first evaluation on a FDDC, the Child Welfare Training Program of the State University of New York at Stony Brook School of Social Work released some limited findings in 2000. Due to availability and consistency issues related to the data, the findings were imperfect (Belenko, 2001, p. 48-49). Despite the acknowledged limitations, the evaluators did report that there were indications that the FDDC had some success with “facilitating collaboration among agencies and service providers” and that the FDDC did appear to “lead to reunification of children with their families” (Belenko, 2001, p. 50-51).

The most comprehensive study, published in 2007, focused on participants from four different FDDCs (referred to as Family Treatment Drug Courts) located in California, Nevada and New York. Two hundred and fifty participants processed through the FDDC setting were compared to those processed through the traditional dependency system. A quasi-experimental design with nonequivalent groups was used to examine the effectiveness of the FDDC to improve child welfare and treatment outcomes. The comparison groups were primarily created using records of individuals that met the criteria but had entered the child welfare system prior to the creation of the FDDC. It was noted that a small subset of the control group were unserved eligible
participants. A series of separate hierarchical regression models were employed to determine treatment and child welfare outcome differences between the Family Treatment Drug Courts and the traditional dependency court.

The study found that FDDC participants, when compared to parents who did not receive FDDC services, entered drug treatment quicker and stayed in treatment longer. Additionally the children of FDDC participants were more likely to be reunified with their parents and entered permanent placements sooner than the children of the control group (Green, Furrer, Worcel, Burrus, & Finigan, 2007). Child welfare recidivism was defined as having a subsequent substantiated report. Using this definition, the FDDC and comparison participants did not differ in their likelihood of having at least one additional report within the study window.

Using the Sacramento Dependency Drug Court, Boles, Young, Moore and DiPirro-Beard (2007), found that FDDC participants had higher rates of treatment participation and experienced higher rates of reunification than did comparison participants. The authors also noted that the program produced substantial costs savings and that there is a need for “rigorous, controlled studies” to further evaluate the effectiveness” of FDDCs (Boles et al., 2007).

Two separate programs were evaluated in Oregon, specifically in Jackson County (Carey, Sanders, Waller, Burrus, & Aborn, 2010b) and Marion County (Carey, Sanders, Waller, Burrus, & Aborn, 2010a). The Jackson County study included 329 FDDC (referred to as Family Drug Court in that jurisdiction) participants and 340 traditional dependency court participants. The data covered a six year period from 2002
through 2008. The traditional dependency court participants were FDDC eligible but were unable to attend because the program was full or they entered the dependency system before the FDDC started.

With regards to treatment, the Jackson County study found that parents stayed in treatment longer and were more likely to complete it. Child welfare measures found that families were more likely to be reunified, that reunifications took place quicker, and that children spent less time in the foster care system. In this study child welfare recidivism was defined as a return to the foster care system and was measured for four years after reunification. They found that the FDDC participants had double the number of new foster care episodes than the comparison group. It was noted that for both groups the recidivism rates were very low.

The Marion County, Oregon study utilized a much smaller sample size with 39 FDDC participants and 49 participants in the comparison group. It also used a much shorter time frame from January 2006 through June 2008. The findings indicated that the participants in the FDDC stayed in drug treatment longer and were more likely to complete treatment. The comparison group was just as likely to enroll in drug treatment as the FDDC participants. The children of the FDDC parents spent less time in foster care, were returned to their parent(s) sooner and were more likely to be reunified than the children of the comparison group parents. Child welfare recidivism was defined as additional foster care episodes within the two year period following entry into either of the programs. Even through Marion County FDDC participants had half of the child
welfare recidivism episodes as the comparison group, the number was not significant due to the small sample size.

The largest study on the effects of FDDC was published in 2008 by Worcel, Furrer, Green, Burrus, & Finigan. The evaluation included 301 families (from 3 different FDDCs) and 1,220 matched families who received traditional child welfare services. Like previous studies, they found that parents entered treatment quicker, spent more time in treatment and were more likely to be reunified with their child(ren) than the TDC attendees. Regarding child welfare outcomes, when considering time spent in out-of-home placements, the FDDC children spent significantly less time in out-of-home care than comparison children. When considering time to permanent placement, the children involved with the traditional dependency system reached permanency significantly faster. Lastly, reunification rates were significantly higher for the FDDC participants. Child welfare recidivism was not addressed in this study.

Twoney, Miller-Loncar, Hinckley, and Lester (2010) tracked 52 families following participation in a family treatment drug court. By 30 months, the non-graduates were significantly more likely to relapse than the graduates. Over this same time frame, maternal functioning (in the areas of mental health and parenting attitudes) deteriorated and infant developmental concerns were identified. This study failed to consider child welfare recidivism and was limited due to the small sample size and lack of a control group.

In addition to the above studies, other smaller scale studies have also found encouraging results relative to FDDC outcomes. FDDC participants enter and complete
drug treatment more frequently (Wheeler & Fox, 2006; Ferguson, Hornby, & Zeller, 2007; Burrus, Mackin, & Finigan, 2011). Each of these studies also found that children spent less time in foster care and were more likely to be reunified with their parent(s), which resulted in cost savings related to foster care system expenditures. Ferguson, Hornby, & Zeller (2007) additionally found that once returned home, children of FDDC participants were less likely to experience child welfare recidivism in the form of a subsequent removal from the home.

**Therapeutic Jurisprudence Theory**

Generally speaking, therapeutic jurisprudence emphasizes the impact of the law and legal processes on an individual’s psychological and emotional well-being (Wexler, 2004). Therapeutic jurisprudence views the law itself, including legal procedures, legal rules, and the roles of legal actors, as potential therapeutic agents (Birgden, 2004). It is a relatively new theory having emerged in the early 1990’s. While it was initially applied to mental health law and related issues, it is applicable in a variety of legal areas including criminal law, family law, juvenile law, disability law, discrimination law, tort law, contracts law, worker’s compensation law, probate law, and arbitration (Peterson, 2010; Schma, Kjervik, Petrucci, & Scott, 2005).

For example, special education law has been analyzed using therapeutic jurisprudence as a theoretical framework to understand the therapeutic or anti-therapeutic consequences of legal changes for children with disabilities (Peterson, 2010). Rather than considering judges and attorneys, as in the legal system, an analysis in the special education system involves educational agency personnel and
teachers, paraprofessionals, school psychologists, therapists, behavior specialists, inclusion specialists and principals/vice-principals (Peterson, 2010). These individuals, separately and collectively, greatly impact the consequences associated with implementing, applying and administering special education laws, practices and procedures. According to Peterson (2010), special education law is especially ripe for therapeutic jurisprudence inquiry because it provides an expansive field of opportunities to explore and analyze legal changes and how they impact those subject to the changes.

Wexler and Winick (1991) originally defined therapeutic jurisprudence theory as the extent to which substantive rules, legal procedures, and the roles of lawyers and judges produce therapeutic or anti-therapeutic consequences for individuals involved in the legal process (Senjo & Leip, 2001). As a theory, it promotes empirical research as to the psychological and emotional consequences associated with implementing law (Peterson, 2010). The theory posits that the manner in which judges and other courtroom members play their roles has inevitable mental health and psychological well-being consequences (Bureau of Justice Assistance Drug Court Clearinghouse, 2007) of those under jurisdiction of the court (Winick & Wexler, 2002).

The concept of therapeutic jurisprudence favors the adoption of a problem-solving, proactive, and results-oriented posture that is responsive to the current emotional and social problems of legal consumers (Snowden & Lurigio, 2009). Accordingly, it has repeatedly been used as a theoretical framework to analyze many social science issues, such as understanding problems that are typical in infant mental
health practices as they relate to maltreated children (Clark & Sprang, 2008), understanding offender rehabilitation (Birgden, 2004), addressing the issue of homelessness (Stinchcomb, 2010), addressing to issue of school safety (Brooks, 2000), and to understand intimate partner rape and domestic violence (Simon et al., 2010). Therapeutic jurisprudence has also emerged as a framework for health care policymaking, in hopes that therapeutically oriented examinations of the policy process might lead to better public health outcomes (Campbell, 2010).

Therapeutic jurisprudence has been repeatedly described as a multidisciplinary/interdisciplinary movement (Peterson, 2010; Loue, 2011; Brooks, 2006), and it has, accordingly, influenced the development of multiple problem-solving courts such as family courts, mental health courts and drug courts (Clark & Sprang, 2008; Ryan & Whelan, 2012). The most recent applications of therapeutic jurisprudence in the court setting include community-focused courts. These specialized courts focus on offenders convicted of misdemeanor crimes such as street prostitution, shop lifting and illegal vending (Casey & Rottman, 2000). Domestic violence courts represent another application of therapeutic jurisprudence to address individuals who repeatedly engage in violent acts (Casey & Rottman, 2000; Simon, Ellwanger, & Haggerty, 2010). Specialized courts that utilize a therapeutic jurisprudence framework handle “complex psychological and sociological problems that challenge the typical court processes and remedies” (Casey & Rottman, 2000, p. 452).

While therapeutic jurisprudence has been viewed as offering the possibility of long-term behavioral change and a paradigmatic shift of attitudes at both the individual
and community levels to the benefit of children (Loue, 2011, p. 414), there are also some critics (Ryan & Whelan, 2012). As a theory, misgivings have been expressed over a lack of theoretical coherence (Mackenzie, 2008). Shaffer (2011) noted that even though the theory provides a framework for exploring the drug court model, it is not necessarily comprehensive in that it fails to specify types of treatment needed to achieve behavioral changes (p. 495).

With regards to therapeutic jurisprudence in the court setting, some believe that the rule of law becomes diffused (Larsen & Milnes, 2011) when moving away from traditional court practices. There are also concerns related to casting judges and magistrates into roles outside of their field of expertise (Larsen & Milnes, 2011). Applying the principles of therapeutic jurisprudence in the court processes and procedures is time consuming, interdisciplinary and inexact – features that make administrators cautious (Casey & Rottman, 2000). Finally, it has also been proposed that “offenders are tied to the legal system longer, and monitored more closely than they might otherwise have been” (Larsen & Milnes, 2011).

Many of these criticisms evolve around the broad application that therapeutic jurisprudence has established over time. The problem arises from the ambitious scope of therapeutic jurisprudence to examine and explain the impact of the law, legal processes and legal actors on wellbeing (King, 2008). Overall, while there are still many uncertainties and problems surrounding the application of therapeutic jurisprudence (Amendola, 2010) to various issues and problems, it does have the power to explain success (or lack of) in the drug court setting as explained below.
**Therapeutic Jurisprudence in the Drug Court Setting**

Despite limited research aimed at empirically assessing therapeutic jurisprudence in relation to drug courts, therapeutic jurisprudence theory has been found to have explanatory power for understanding how the drug court processes impact the behavior of the participants. In regards to drug court, the theory suggests that the specific structural and procedural components found in a therapeutic court should benefit the participants more than if they had been processed through a traditional formalistic court.

Senjo & Leip (2001) utilized three components to test therapeutic jurisprudence theory in a mature adult drug court. First, they measured court monitoring in terms of total number of supportive, indifferent and adversarial comments made during court hearings. Secondly, they measured drug treatment by considering the total number of treatments received. Finally, they measured the third component, criminal procedures, by “combining days between arrest and the start of the drug court program, the offender’s original charge, and the amount of time spent in the program” (Senjo & Leip, 2001, p. 3). They concluded that supportive court monitoring enhances the therapeutic effects and that increases in the number of treatments lead to increases in offender behavior change (Senjo and Leip, 2001).

Drug courts “apply the concepts of therapeutic jurisprudence every day in hundreds of courtrooms across America” (Hora, Schma, & Rosenthal, 1999, p. 4). The principles of therapeutic jurisprudence can be applied to a wide array of court policies, practices, rules, and actions (Casey & Rottman, 2000). Consequently, many of the
therapeutic practices and procedures found in FDDC constitute therapeutic jurisprudence. These include substantial judicial supervision through frequent court hearings, the presence of a therapeutic team in a non-adversarial setting, a strong focus on drug treatment and random drug testing, a system of sanctions and rewards tied to compliance with drug treatment and dependency goals, and the availability of extensive ancillary services to meet the needs of the clients.

These treatment-centered processes and procedures are similar to the adult and juvenile drug court model which has been extensively investigated. Additionally, these system and operational components make attending a Family Dependency Drug Court a very different experience than being processed through a traditional dependency court. While the goal of both courts are reunification with the child(ren), the process a participant experiences in hopes of realizing this goal differentiates according to the court they attend.

In order to be recognized as a drug court in Florida, certain standards must be adhered to, at a minimum, pursuant to section 397.334, Florida Statutes (2011)(4):

“Therapeutic jurisprudence principles and adhere to the following 10 key components, recognized by the Drug Courts Program Office of the Office of Justice Programs of the United States Department of Justice and adopted by the Florida Supreme Court Treatment-Based Drug Court Steering Committee:

(a) Drug court programs integrate alcohol and other drug treatment services with justice system case processing.
Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.

Eligible participants are identified early and promptly placed in the drug court program.

Drug court programs provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Abstinence is monitored by frequent testing for alcohol and other drugs.

A coordinated strategy governs drug court program responses to participants’ compliance.

Ongoing judicial interaction with each drug court program participant is essential.

Monitoring and evaluation measure the achievement of program goals and gauge program effectiveness.

Continuing interdisciplinary education promotes effective drug court program planning, implementation, and operations.

Forging partnerships among drug court programs, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.”

In accordance with Florida law and the theory of therapeutic jurisprudence, there are defining characteristics that distinguish FDDC from a traditional dependency court. Drug courts reflect the theoretical foundation of therapeutic jurisprudence (Stinchcomb,
In other words, the therapeutic processes and procedures that represent the foundation of family dependency drug courts are the major principles of the theory. The presence of certain judicial components (Judicial Supervision and Frequent Court Monitoring, the Presence of a Therapeutic Team in a Non-adversarial Setting, Drug Treatment and Testing, Sanctions and Rewards, and Availability of Ancillary Services) will encompass the theoretical tenets for therapeutic jurisprudence. The presence (FDDC) or absence (TDC) of these processes and procedures will allow for an empirical test of therapeutic jurisprudence theory. How they differentiate from what a participant will experience in TDC is also addressed.

1. Judicial Supervision & Frequent Court Monitoring

In a traditional dependency courtroom, hearings must be scheduled on the court docket as mandated by state or federal statutes or as needed in emergency situations (National Drug Court Institute and Center for Substance Abuse Treatment, 2004). This equates to a small amount of judicial appearances compared to the participants that attend FDDC.

In the FDDC setting, review hearings are scheduled frequently, usually 2-4 times per month. As a result of the intensive monitoring function, the amount of judicial supervision is significantly higher in a FDDC. This allows, among other things, the court to monitor the clients more closely and make timely adjustments to treatment plans and visitation schedules. They can also address and handle problems more efficiently. Research on judicial involvement suggests that the quality of judicial interaction is an important factor in affecting treatment compliance (King, 2008).
Finally, regular hearings increase the accountability of all involved parties, including the clients and the other courtroom team members. One survey reported that “80 percent of drug court participants indicated they would not have remained in the treatment program if they did not have to appear before a judge as part of the process” (Huddleston, 1998, p. 99).

2. The Presence of a Therapeutic Team in a Non-Adversarial Setting

Traditional dependency court does not invite treatment team members and service providers to the hearings. Judges, representatives from the state and for the parent attend hearings and maintain their traditional adversarial roles.

Family Dependency Drug Courts place judges in therapeutic team leader roles. The team includes the participant, prosecutor, defense counsel, treatment provider, child welfare agency case worker, FDDC personnel, and any and all other relevant parties. As the offender is considered part of the team, they are empowered to address their own rehabilitative needs (Larsen & Milnes, 2011). The team works together to change drug using attitudes and behaviors and to increase the well-being and stability of the family. They have also been found to add a great deal to the parents’ feeling of self-efficacy (Somervell, Saylor, & Mao, 2005).

Because each of the courtroom team members attend the frequent hearings, they are thought to be able to timely meet the needs of the participants and to work together to problem-solve any ongoing concerns. This is especially important as a lack of coordination and collaboration in Traditional Dependency Court has hindered the
ability of child welfare and substance treatment to support dependency families (Center for Substance Abuse Treatment, 2010).

From a judicial perspective, it is believed that appearances before the judge and the team provide an important continuity and support for the client (Edwards and Ray, 2005). Strong collaborations between treatment providers and the child welfare system have been cited as an important feature of a successful system for best meeting the needs of families (Green, et al., 2007, p. 57, citing to Green, Rockhill & Burrus, in press; Young et al., 2007). Therapeutic jurisprudence has been declared as a viable alternative to the adversarial system (Larsen & Milnes, 2011).

3. Drug Treatment and Testing

In dependency cases involving substance abuse, the traditional dependency court, in conjunction with a case manager, has the option of requiring the parent to complete some type of drug treatment and to abide by random drug testing. Unfortunately, when parents are referred for substance abuse treatment as part of their case plan, few actually complete the assessments or treatment (Gregoire & Schultz, 2001).

Participants involved with the FDDC, on the other hand, are subject to court-monitored intensive drug treatment and random drug testing. In accordance with the drug court model, treatment is broken down into phases, changing in intensity as the client meets program goals. Research has shown that the intensity of the substance abuse counseling is the most significant predictor of reduced post-treatment drug abuse (Marsh & Cao, 2005, p. 1274).
The treatment aspect of drug courts remains one of the most important components of a model based on therapeutic jurisprudence theory (Senjo & Leip, 2001). Data has suggested that parents in the FDDC system who have completed substance abuse treatment have positive child welfare outcomes, specifically higher rates of reunification and fewer terminations of parental rights (Green et al., 2007).

4. Sanctions and Rewards

In the traditional dependency court setting, sanctions and rewards are not used. Accountability is focused on the parent and his or her case plan compliance. At the sole discretion of the judge, modifications in visitation can be made in conjunction with case plan progress or lack thereof.

The FDDC uses a system of sanctions and incentives, to deal with treatment compliance, drug testing results and to encourage offenders to begin and remain engaged in treatment programs (Snowden & Lurigio, 2009). For example, a positive drug test could result in a sanction such as community service hours. Alternatively, adhering to the treatment schedule can be rewarded by reduced court appearances, case being called early in court and/or by a small gift (National Drug Court Institute and Center for Substance Abuse Treatment, 2004, p. 21). According to Edwards and Ray (2005), from a judicial perspective “rewards, and particularly the words of praise from the judge, support positive change and provide an effective incentive to continue compliance with the treatment plan” (p. 10).
5. Availability of Ancillary Services

While identical referrals are made in the traditional dependency court setting, the typical FDDC offers a full range of services to the entire family unit. This may include services such as counseling, health care, and parenting classes (National Drug Court Institute and Center for Substance Abuse Treatment, 2004). The availability of these ancillary services does not represent a major difference between the courts, however, because of the frequent hearings, services and referrals are handled timely, allowing the FDDC participants to benefit promptly and more frequently. Further, having services readily available, such as providing bus passes to deal with a transportation problem, allows the courts to effectively handle issues as they become apparent.

Integrating the work of community services into the judicial system may be easier in a specialized court because of the frequency of contact that builds mutual understanding and respect between the courts and providers (Casey & Rottman, 2000). The number of different health and social services received has been found to be especially important for women (Marsh & Cao, 2005), who make up the majority of the participants in FDDC.

Analysis of Treatment Effects

Most drug court research focuses on comparing those that graduate from drug court versus those that attend another traditional court. More specifically, this would be akin to comparing success rates on FDDC graduates versus TDC participants. This analysis, however, would exclude individuals who started the FDDC but failed to complete the program.
In regards to the drug court completers versus non-completers, the FDDC completers receive the full benefits of therapeutic jurisprudence, while the non-completers do not. Current literature involving FDDC does not provide insight into any possible benefits from inclusion in the program when one fails to graduate. A participant’s likelihood or ability to experience treatment and child welfare success regardless of the time spent in FDDC is an important issue to address because by examining completers versus non-completers, the benefits of exposure to therapeutic jurisprudence can be explored.

In order to determine these partial treatment/program effects, an Intention-To-Treat (ITT) analysis can be done. In an Intention-to-treat analysis, patients (participants) must be included in the analysis even when they are noncompliant or discontinued the treatment (Sainani, 2010). Sainani (2010) further explains that a major reason to examine ITT is that it estimates treatment effect in real-world, where patients (participants) often don’t adhere to treatments, rather than the treatment’s efficacy when taken optimally. This is especially applicable to programs such as the FDDC where many participants don’t follow program rules or fail to complete the program as designed. ITT advocates gathering information on and comparing the completers to the non-completers to determine possible residual benefits to participating even when completion doesn’t occur. The failure to perform ITT analyses in all drug court studies has been identified as a shortcoming in regards to current research (Christie & Anderson, 2003).
The medical field recognized the importance of acknowledging and including outcome data on the individuals that fail to complete the program and/or treatment. This recognition resulted in the creation of guidelines in 1996 in the form of the Consolidated Standards of Reporting Trials (CONSORT) statement (Antes, 2010; Pagoto, et al., 2009; Schulz, Altman, & Moher, 2010). The goal of the guidelines is full and transparent reporting of results (Antes, 2010) and it advocates an ITT design be utilized so that all participants are accounted for in the final analysis.

Despite the development of formal protocols, the medical community continues to struggle with adherence to these standards as they relate to reporting on participants who fail to complete. In Deo, Schmid, Earley, Lau, & Uhlig (2011), they found in variance to the reporting standards of CONSORT, primary outcome data missing in one-fourth of trials. They also found that greater attention to transparency in handling and reporting loss was needed (p. 349). Other research indicates that ITT is often used incorrectly (Pagoto et al., 2009), reporting of ITT analyses is inadequate (Wright & Sim, 2003) and that a modified ITT design is frequently utilized (Gravel, Opatmy, & Spapiro, 2007). Because the ITT approach is strict and difficult to adhere to depending on research design, there are currently several different ITT related analyses available, which provide some flexibility to handle different research scenarios (Sainani, 2010).

Alternative ITT type analyses include a modified ITT, where some exclusions from the ITT population are allowed and justifiable as unlikely to bias the results (Sainani, 2010). A per-protocol analysis involves exclusion of participants who have violated some research protocol such as not adhering to treatment (Sainani, 2010). An
as-treated analysis makes comparisons according to the treatment received at the end of the trial (Wright & Sim, 2003; Sainani, 2010). These modified ITT analyses provide alternate approaches to considering those who complete treatment versus those who fail to complete treatment.

While first instituted in the medical community, an ITT design is applicable to the social science field as well. The impact of a treatment offer or partial compliance can be addressed using an ITT directed design. Since voluntary programs can only offer treatment and cannot require completion or even engagement, the effect of the offer and partial participation becomes an important policy consideration (Bloom, 2006).

Recent research in the social science area has attempted to consider program completers versus non-completers and the effects of partial completion. In studying a type of parent-child interaction therapy designed to prevent future child maltreatment, Thomas and Zimmer-Gembeck (2011) utilized a version of the ITT design and found that the family members had to complete the entire program to derive full benefits. Hatcher, McGuire, Bilby, Palmer, & Hollin (2012) compared completers, non-completers and nonstarter groups in the evaluation of an offender intervention and found that a non-completer effect existed that would not have been determined had the authors not considered a variation of the ITT analysis.

In studying the effects of a program designed to strengthen families, Riesch et al. (2012), found that those that received a full dose of the program (completers) realized moderate success in 18 of the 18 measured outcomes. Of those participants that received only a partial dose (non-completers), 8 of the 18 measured outcomes
were impacted (p. 340), leading the researchers to believe that there existed some measureable benefit to being in the program, even when you fail to complete it. In this case, the analysis afforded the researchers’ valuable information on those that only partially completed the program.

This same type of analysis was utilized in a qualitative study to determine if the unsuccessful clients in the adult drug court setting experience any positive program results. It was found that they have many positive benefits, such as some reductions in both criminality and substance use (Francis, 2011). Francis (2011) concluded that the inclusion of the unsuccessful client outcomes was critical to fully capture and understand the positive residual effects of the adult drug court program.

Using an ITT driven analysis comparing the child welfare outcomes of completers versus non-completers in the FDDC allows us to understand if partial benefits are derived that impact reunification and child welfare recidivism rates of the participants. Such analysis can also provide insight into how essential it may be to complete the program and/or how much therapeutic jurisprudence participants may need to effect child welfare success rates.

**Gaps in Knowledge**

Many outcomes, such as criminal recidivism and continued drug use, have been explored in adult and juvenile drug court settings. Since these drug courts deal with individuals who have been arrested for a drug charge, the two major goals are to prevent future criminal activity and to prevent current and future drug use. In contrast, the FDDC deals with individuals and families in crisis, both because of drug use and
because of alleged child abuse, neglect and/or abandonment issues. Therefore, the goals of the FDDC are expanded from those of the other drug courts.

The over-riding goal in the FDDC system is to restore and promote mental and physical wellness of the individuals who are involved in the court process by stopping drug use and bringing families together again in a safe environment. Because FDDC programs across the United States have developed at a slower pace than other drug courts, there is a lack of empirical data regarding FDDC and its ability to impact substance abuse treatment and child welfare outcomes.

A critical review of the literature on Family Dependency Drug Court studies indicate that most that have addressed child welfare outcomes focus on measures related to time children spend in foster care, how quickly reunification takes place and how frequently children are reunified. In reviewing child welfare recidivism measures, it appears that they are not as consistently addressed and when they are, each study defines recidivism differently and uses varying time frames when considering if recidivism has occurred.

Multiple studies define child welfare recidivism by only counting those incidents that involve future foster care placements (Carey et al., 2010a; Carey et al., 2010b). This would exclude all other placements, such as if a child was removed and placed with a relative. Also, this would exclude cases that involved child safety issues when the child is not removed. This would not be a sufficient indicator of when families came back into the system or needed some type of intervention.
Also problematic with the measure used for these studies is that recidivism was considered from drug court entry as opposed to the exit date. Because there is no defined number of days one must attend FDDC or TDC, the participants have a wide variety of times spent in each program. The time periods from entry to reunification should not be considered in the recidivism time frame. Because the study used program entry as a starting time, it was not possible to conclude how long it may have been that participants went without child welfare recidivism. Without length of time, one cannot determine or differentiate between short term and long term benefits.

Another popular way of measuring child welfare recidivism was to only consider having a subsequent substantiated report (Green et al., 2007). This does not consider that some substantiated reports require no further action and no judicial response. It also fails to include cases that may not be substantiated, but still require further formal responses and interventions. This study seeks to improve upon previous child welfare recidivism measures by using a credible definition that more accurately addresses the issue of recidivism.

The objective of this exploratory research is to build upon the limited number of empirical studies on FDDC and to add knowledge to the substantial research gap that exists with this popular and growing program. It is also to examine therapeutic jurisprudence theory as it relates to the specialized court setting and to review the usefulness of an Intention-To-Treat analysis on participants who complete the FDDC versus those who fail to complete it.
Study Hypotheses

Therapeutic jurisprudence theory asserts that shifting the focus from the traditional court processes to treatment and recovery efforts will result in higher levels of success as measured by the child welfare outcomes of reunification and recidivism. This theoretical assertion can be tested by determining if individuals processed through the therapeutic jurisprudence setting (FDDC) experience more positive outcomes than those processed through the traditional dependency court setting (TDC). Additionally, length of stay in the FDDC program was explored to determine if participants who started but did not complete the FDDC program derived any benefit. The decision to consider the non-completers (those who may have received some of the benefits of therapeutic jurisprudence) versus the completers (those who received the full benefits of therapeutic jurisprudence) was done in line with an ITT design which is intended to identify and explore benefits that may be derived from partial participation in the FDDC setting.

Accordingly, the first three hypotheses for this study explored the dependent variable reunification:

H1: Participants who start in FDDC will be reunified with their minor child(ren) at a higher rate than participants who start in TDC.

H2: Participants who start in and complete FDDC will be reunified with their minor child(ren) at a higher rate than participants that complete TDC.

H3: Participants who start the FDDC program but do not complete it will have lower reunification rates than participants who start in and complete the FDDC program.
The remaining hypotheses considered the participants that were reunified to determine if the therapeutic jurisprudence exposure level will impact child welfare recidivism rates. They are as follows:

H4: Of the individuals who were reunified, participants who start in FDDC will be less likely to have future contact with child welfare agencies than participants who start in TDC.

H5: Of the individuals who were reunified, participants who start in but fail to complete FDDC will be less likely to have future contact with child welfare agencies than participants who complete TDC.

H6: Of the individuals who were reunified, participants who start in and complete the FDDC will be less likely to have future contact with child welfare agencies than participants that complete TDC.

H7: Of the individuals who were reunified, participants who start in but fail to complete FDDC will have more future contact with child welfare agencies than participants who complete the FDDC program.
III. RESEARCH METHODOLOGY

Study Population

The study population was derived from two separate Central Florida dependency court systems, specifically Orange County (9th Judicial Circuit) and Volusia County (7th Judicial Circuit). Of the 20 Judicial Circuits in the state of Florida, 14 have Family Dependency Drug Court programs. Of the 14 circuits that have FDDC programs, these two circuits are a representative sample, as every FDDC in Florida is driven by the dictates found in 2011 Florida Statute 397.334(4). Additionally, as the two counties are geographically close, they serve similar clients.

Within the two FDDC programs, a nonprobability sampling design was utilized, as all participants formally considered for the FDDC in these two counties during the research time period were used. If the participant opted not to attend the FDDC, despite meeting the eligibility criteria, then they were processed through the TDC. Assignment to a group, consequently, was based on their decision to participate or not. A separate analysis was performed on the FDDC participants who completed the program and the FDDC participants that started the program but failed to complete it.

Dependency Court serves individuals who have had minor children deemed dependent on the State by the Department of Children and Families for abuse, neglect and/or abandonment on the part of the caregiver and/or parent. Dependency Court is governed by Chapter 39 of the Florida Statutes, the Florida Rules of Juvenile Procedure and by federal legislation designed to set time frames for children placed in foster care.
settings and to promote family safety and permanency (Office of Court Improvement, 2008). The two groups are more specifically described herein.

**Traditional Dependency Court (TDC)**

Because dependency cases are strictly governed by Florida Statutes, the cases handled in the dependency setting typically follow the same basic path, which is specifically outlined in Figure 1 herein. As shown in Figure 1, the cases follow a legal process in accordance with the laws of Florida. Within 24 hours of removal of a child or children, the Shelter Hearing is held to determine probable cause.

No later than 28 days after the shelter hearing, an arraignment hearing is held so that the parent or parents can enter a plea. At that time, they can admit, consent or deny the allegations that led to the removal of their child(ren). If they admit or consent to the allegations, the disposition hearing will be within 15 days of the arraignment. Should the allegations be denied, an adjudicatory hearing will be held within 30 days of arraignment. If, at the adjudicatory hearing, the court finds that the children should not have been removed, they will be immediately returned and the case will be dismissed. If the court finds that the removal was necessary for the safety and well-being of the child(ren), the case will proceed to a disposition hearing.
Figure 1: Dependency Process
By the date of the disposition hearing, a dependency case plan will be created based on the allegations that led to the removal. For example, if substance abuse is one of the allegations, then obtaining drug treatment and random drug testing should be included as case plan tasks. Case plans represent a blueprint designed to address the issues that led to the involvement with the dependency system. It should, accordingly, address issues such as stability, mental health problems, domestic violence, neglectful behaviors and/or any other family dysfunction that threatens the safety and welfare of the child or children. Case plans come with a literal list of things that need to be done and behaviors that need to change in order to meet the goal of reunification. The case plan is accepted at this time, unless there is disagreement, which would require an additional evidentiary hearing within 30 days of the disposition hearing.

After the disposition hearing, the initial judicial review hearing is scheduled within 90 days. This is to review case plan compliance on the part of the parent and to determine if the permanency goal is still appropriate. Within 6 months of this review and every 6 months thereafter, a judicial review hearing will be scheduled for the same purposes. At a permanency hearing approximately one year from removal, a decision must be made to reunify or continue to work towards reunification, close out the case by way of an alternate plan (leaving a child with a relative) or terminating the parental rights (TPR) of the parent(s) due to noncompliance with the case plan. As Florida Statute 39.621(1) states that “Time is of the essence for permanency of children in the dependency system,” every effort is made to finalize cases within one year. In addition to the state statute, The Adoption and Safe Families Act (ASFA) was passed in 1997.
This powerful federal law mandates that dependency courts reach permanency for every child within 12 months (Office of Court Improvement, 2012).

Should a parent or caregiver with a drug or alcohol problem come into the dependency process, they are considered for participation in the FDDC at the time of the shelter hearing for both Orange County and Volusia County. While this is the goal, oftentimes those with substance abuse issues aren’t properly referred to the FDDC. Regardless of the path the substance abusing individual takes, either FDDC or TDC, they have the same legal requirements as previously described herein.

The sample was derived from those individuals that were considered for participation and either agreed to participate (experimental group) or opted not to participate (control group). Those who opted out of the program instead were processed through the traditional dependency court system. For Orange County, this covered all persons that came into the dependency system and were considered for FDDC during 2005 and 2007, which amounted to 74 total clients. Orange County started their program in 2005. The decision to collect through 2007 was based on two considerations. First, in order to collect recidivism data, the cases had to be closed for at least one year. A case opened at the end of 2007 could be open well into 2009, making the recidivism date in 2010. Second, the drug court administrators specifically requested this limit, as their respective role in the data collection process was time consuming.

For Volusia County, the data collection period covered between the years 2002 and 2006. Volusia County started their program in 2002 and the drug court
administrators agreed to provide data through 2006. This secondary analysis required substantial data collection on the part of the counties, so the data collection period was, in large part, their decision. Of the individuals that opted out, the ones who would have been eligible were placed into the control group. Participants who did not meet the eligibility requirements were not considered for this study. Because of the longer time frame and the fact that the Volusia County FDDC program started before Orange County, 122 clients from Volusia County were utilized for the study.

The decision to not attend FDDC could be based on many different factors that were beyond the control of this study. Among those possible are transportation issues. The clients served in dependency courts frequently have transportation issues that are further exasperated by not having the financial means to pay to ride the bus. While transportation issues were noted in both counties, it appeared to be a more significant issue in Orange County. This is because there is one court that everyone must attend that is far away from many of the clients served in the geographically large county. Additionally, the drug treatment provider that serves all of the FDDC clients is located on one side of the county and, therefore, not convenient for many of the people that need to attend. Traveling by bus to the drug treatment provider is extremely expensive and time consuming for Orange County FDDC participants. Volusia County does not have as many problems because they have west and east side courts and two different treatment providers that serve each side of the county.

Another important factor to note involves the impact of the defense attorneys’ recommendation to their client regarding which court to attend. In 2006, soon after the
referrals started coming into the FDDC in Orange County, the fee structure for payment of defense attorneys changed. The vast majority of the dependency court participants qualify for and are provided a defense attorney free of charge. Before the change, the defense attorneys were paid an hourly rate based on the time spent on each case. After the FDDC was developed and started accepting clients, the fee structure changed to a flat rate. This acts as a disincentive to defense attorneys to recommend their client to FDDC. This is because having a client in FDDC requires an enormous amount of their time, for which there is little compensation. Defense attorneys can easily dissuade their clients from going this route by advising them to attend the TDC, where they will have the same case plan and have the possibility of attaining the same outcomes. In Volusia County, where the defense attorneys are paid hourly, the dependency participants rarely opt out of attending FDDC.

**Family Dependency Drug Court (FDDC)**

The Orange County FDDC is part of the Ninth Judicial Circuit in Florida. The FDDC was created in 2004, with the first participant starting in the beginning of 2005. The Volusia County FDDC is part of the Seventh Judicial Circuit in Florida. The FDDC located there was created in 2002. Both courts were recipients of federal funding and, accordingly, both had to follow a similar model.

FDDC meets all of the same legal requirements as the traditional dependency court, as shown in Figure 1 on page 47. Accordingly, both courts schedule mandatory hearings and adhere to case plans as legally required in Chapter 39 of the Florida
Statutes. Participants in both courts are court ordered to complete case plan tasks within the same time frames.

Case plans are individually created for each client based on their identified needs and the issues that brought them into the dependency system. All tasks are relevant to alleviating safety issues related to their child(ren) and lowering risk factors present that directly impact the child(ren). For example, if a client appears to have mental health issues, they may be ordered to complete a mental health evaluation or counseling through their case plan. All participants identified as having a substance abuse problem, will have drug treatment on their case plans. Irrespective of the type of court, all participants are responsible for case plan compliance.

It is also important to note that the service providers for case plan tasks are the same for all participants. The providers are usually suggested by case managers and ultimately chosen by the dependency court participants. Even the drug treatment providers that serve the FDDC clients also work with the TDC clients. All dependency participants in both courts have access to providers to assist them with case plan compliance. Participants who follow their case plan and comply are typically reunified with their child(ren). Ultimately, the type of court (FDDC versus TDC) does not dictate if participants are reunified with their child(ren). Reunification is based solely on the actions, or inactions of the participants, regardless of the dependency court they report to.

In addition to the FDDC meeting all of the same obligations as TDC, the FDDC operates using a therapeutic jurisprudence model. This model sets it apart from the
TDC and makes the dependency court experience different for the participants. The processes and procedures of FDDC that exemplify the experience are described herein.

The eligibility criteria for each of the FDDC programs are outlined in Table 1.

<table>
<thead>
<tr>
<th>Orange County FDDC</th>
<th>Volusia County FDDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Client is a resident of Orange County</td>
<td>• Client’s age must be 18 and above</td>
</tr>
<tr>
<td>• Client has an open Dependency case with the Court and DCF</td>
<td>• Client must be a current Volusia County resident</td>
</tr>
<tr>
<td>• Client has no history of violent felony offenses</td>
<td>• Client must agree to participate in program</td>
</tr>
<tr>
<td>• Client is in need of substance abuse treatment</td>
<td>• There must be a reasonable likelihood of successful completion based on the client’s mental and physical capabilities, as well as psychosocial, environmental and family considerations</td>
</tr>
<tr>
<td>• Client is willing to participate in treatment</td>
<td>• Client must be motivated toward reunification</td>
</tr>
<tr>
<td>• Case does not have sexual abuse issues or allegations</td>
<td>• Client has not failed a drug court program within the last five years</td>
</tr>
</tbody>
</table>

**OTHER CONSIDERATIONS:**
- Mental health of the client

As indicated in Table 1, both programs require residency and a willingness to engage in drug court services. Clients are required to sign an agreement and are provided handbooks that fully explain the process, procedures and expectations of the program. Mental health issues and a history of violent offenses are both used as disqualifying factors. Orange County also utilizes sexual abuse allegations as a further disqualifier. Generally speaking, the clientele in which both courts serve are very similar.

If the client meets the eligibility criteria and decides to enter the FDDC, they will be provided a participant handbook and will be required to sign a program contract. At that time, they will have the same legal requirements as the TDC clients, including case
plan compliance. Other than having the same basic legal requirements, the FDDC clients will experience many things that the TDC participants will not, commonly referred to as therapeutic jurisprudence.

FDDC offers frequent and continuing hearings that allow for close monitoring of case plan compliance and treatment progress. In Orange County, clients are expected to attend hearings twice per month. In Volusia County, clients are expected to attend weekly hearings. This increase in judicial supervision allows for swift action should the participants have unmet needs or if they appear to be struggling. Being able to identify problems in a timely manner allows the court team to respond appropriately and as needed. This not only increases accountability for the participants, but also for the service providers and case managers that are responsible for timely providing services to their clients.

A team is present for every hearing, including the judge, the parent, the defense attorney, drug court program coordinator, treatment staff, DCF attorney, dependency case manager and Guardian ad Litem. Through this team, ancillary services are available to assist a parent with case plan compliance and stability issues.

In line with the federal drug court model, both programs use a system of sanctions and incentives/rewards. Sanctions are the consequence of any violation of program rules, such as unexcused absences from treatment, refusing a drug test, and a positive urinalysis. Incentives/rewards are used as positive reinforcement to encourage program participants to succeed and follow program rules. They are provided for testing clean for drugs, positive progress reports, participation, following program rules,
phasing up with treatment and graduation. Table 2 outlines the sanctions and incentives/rewards used by each of the programs.

Table 2: Sanctions and Incentives/Rewards for Both Counties

<table>
<thead>
<tr>
<th>Orange County FDDC</th>
<th>Volusia County FDDC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sanctions</strong></td>
<td><strong>Sanctions</strong></td>
</tr>
<tr>
<td>• Expression of disappointment</td>
<td>• Delayed graduation</td>
</tr>
<tr>
<td>• Judicial warning</td>
<td>• Expression of disappointment</td>
</tr>
<tr>
<td>• Being placed at the bottom of the list for cases called</td>
<td>• Judicial warning</td>
</tr>
<tr>
<td>• Unable to phase up</td>
<td>• Community service hours</td>
</tr>
<tr>
<td>• Community service hours</td>
<td>• Loss of clean days</td>
</tr>
<tr>
<td>• Days in jail</td>
<td>• Days in jail</td>
</tr>
<tr>
<td>• Unsuccessful termination from program</td>
<td>• Unsuccessful termination from program</td>
</tr>
<tr>
<td><strong>Incentives/Rewards</strong></td>
<td><strong>Incentives/Rewards</strong></td>
</tr>
<tr>
<td>• Less frequent attendance</td>
<td>• Applause</td>
</tr>
<tr>
<td>• Words of encouragement</td>
<td>• Recognition</td>
</tr>
<tr>
<td>• Shake hands with the Judge</td>
<td>• Words of encouragement</td>
</tr>
<tr>
<td>• Phase up certificate</td>
<td>• Certificates</td>
</tr>
<tr>
<td>• &quot;Way to Go!&quot; certificate</td>
<td>• Fewer restrictions</td>
</tr>
<tr>
<td>• Coin/token with inspiring sayings</td>
<td>• Tangible incentives</td>
</tr>
<tr>
<td>• Being placed at the top of the list for cases called</td>
<td>• Family confidence</td>
</tr>
</tbody>
</table>

While the sanction and incentive/reward systems used by each county are substantially the same, it is worth noting that Volusia County has had tangible incentives available to the clients who have earned rewards. These have varied tremendously over the course of the program, but have frequently been in the form of gift certificates for local businesses. Also worth noting, in the beginning of the program in Orange County, the initial program Judge did purchase cakes for each client graduating from the program. This practice was discontinued before the program entered the second year.

Both the sanctions and incentives/rewards should be viewed as a continuum of responses. As they are designed, they are imposed timely so that there is an immediate
response to positive and negative behavior. Additionally, the sanctions become more severe in response to repeat infractions over time and rewards become more substantial in correspondence with program compliance.

Finally, the treatment process and procedures are similar for each program. Each program uses a multi-phase program designed to be very intensive in the beginning. The programs offer random drug testing, individual and group counseling and residential care if needed. As the participant meets treatment phase goals which involve testing negative for drugs and attending counseling sessions as required, they are then permitted to move up to the next phase. Participants are provided a detailed description both in court and by way of the FDDC program handbooks of what they need to do to graduate from the program, which is complete all phases of drug treatment and comply with their case plan. The drug treatment program design is very much like other types of drug court programs. Also important to note is that both counties utilize large, well respected substance abuse treatment providers. These providers are also used in the adult drug court setting in their respective areas.

Considering that the Family Dependency Drug Courts in each county utilize the same drug court model, have similar rules and procedures and contend with the same basic clients (and substance abuse issues), they were treated as a single data set. Of the combined 196 participants, 122 are from Volusia County, Florida and 74 are from Orange County, Florida.
**Research Design and Operationalization and Measurement of Study Variables**

This study was designed to explore the effectiveness of the FDDC in improving child welfare outcomes for parents. The dependent variables are reunification and child welfare recidivism, as more specifically described in Table 3. These variables represent two important measures of child welfare outcomes specific to the dependency system.

**Table 3: Dependent Variables**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>REUNIFICATION</td>
<td>Were the participants reunited with their minor child(ren)?</td>
<td>0=yes 1=no</td>
</tr>
<tr>
<td>CHILD WELFARE RECIDIVISM</td>
<td>Were the participants back in the dependency system within 1 year from the date of closure?</td>
<td>0=yes 1=no</td>
</tr>
</tbody>
</table>

Reunification typically refers to the process of returning children placed in temporary out-of-home care to their caregiver of origin (Children's Bureau, 2011). This reunification measure will consider only the parent from whom the child(ren) were removed. If a child was removed from one substance-abusing parent and ultimately placed with another parent at case closure, this would not constitute reunification. If the removal parent regains custody of the child(ren) at the conclusion of the case, it is considered reunification.

With regards to the child welfare recidivism measure, for purposes of this study, recidivism will be considered any case that comes back into the system that requires intervention – judicial or otherwise – within one year from the date of closure. This will not include reports to the Department of Children and Families that require no
interventions or are considered unsubstantiated. If a case is substantiated, but requires no intervention, it is not included in this measure. This measure is designed to consider only those cases that require a system response because of child safety concerns or high risk factors. If there are no safety concerns and risk factors, the Department of Children and Families should not be involved with the family and they should not be considered in the child welfare recidivism measures.

The primary independent variables are type of court and completion of FDDC program, as shown in Table 4 below. These variables are proposed to impact reunification rates and child welfare recidivism.

Table 4: Independent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPENDENCY COURT STATUS</td>
<td>Did the participant complete TDC, complete FDDC or attend but fail to complete FDDC?</td>
<td>0 = TDC, 1 = FDDC (completers), 2 = FDDC (non-completers)</td>
</tr>
<tr>
<td>TYPE OF COURT</td>
<td>Which court did the participant attend?</td>
<td>0 = FDDC, 1 = TDC</td>
</tr>
<tr>
<td>TYPE OF COURT COMPLETED</td>
<td>Which court did the participant complete?</td>
<td>0 = TDC, 1 = FDDC</td>
</tr>
<tr>
<td>TDC COMPLETION VS FDDC NONCOMPLETION</td>
<td>Did the participant complete TDC or attend FDDC and fail to complete it?</td>
<td>0 = TDC, 2 = FDDC</td>
</tr>
<tr>
<td>COMPLETION OF FDDC</td>
<td>Did the FDDC participant complete the program?</td>
<td>0 = Yes, 1 = No</td>
</tr>
</tbody>
</table>

The independent variables include several different groups. The first major group included the TDC participants who started and completed their respective program. Unlike the FDDC option, TDC participants can not choose to opt out. If they stop
attending and discontinue engaging in services in TDC setting, then their rights as a parent/caregiver can be terminated. TDC participants that ceased cooperating were not considered in this study.

The second major group included FDDC participants, irrespective of completion of the program. This group combined FDDC participants that started and completed (completers) and FDDC participants that started but failed to complete (non-completers) the program. The third group was comprised of FDDC participants that started and completed (completers) the program. The fourth and final group considered FDDC participants that started but failed to complete (non-completers) the program.

All hypotheses were based on Therapeutic Jurisprudence theory which implies that courts structured using therapeutic processes and procedures will produce better outcomes than traditional courts. These hypotheses explore child welfare outcomes – reunification and child welfare recidivism - for individuals who participate in FDDC versus those that participate in TDC and for individuals who complete FDDC versus those that fail to complete FDDC. These analyses allow for an exploration of the effects of partial exposure to Therapeutic Jurisprudence as well. Specifically, three separate and distinct groups are considered:

1. TDC participants (who have no exposure to therapeutic jurisprudence).
2. FDDC participants who start but fail to complete the program (but have some exposure to therapeutic jurisprudence).
3. FDDC participants who graduate from the program (and have full exposure to therapeutic jurisprudence).
The third and seventh hypotheses also consider an Intention-to-Treat design to compare child welfare outcomes for FDDC participants that complete FDDC versus those that start FDDC but fail to complete it. This is to determine if there are any residual benefits to FDDC participation even if the entire program is not completed. Starting the FDDC program is defined as signing the participation contract, being accepted into the FDDC by an initial court appearance, attending at least one subsequent FDDC hearing, being screened and approved by the drug treatment provider and starting to engage in the drug treatment process. Beyond these requirements, length of stay was not considered.

The third hypothesis asserts that participants who start the FDDC program but do not complete it, will have lower reunification rates than participants who complete the FDDC program. The seventh hypothesis considers the FDDC participants who were reunified and asserts that those who start the FDDC program but do not complete it will have more future contact with child welfare agencies than participants who complete the FDDC program.

Data were collected on multiple control variables, as described in Table 5. Age (Rempel & Destefano, 2001), prior criminal activity (Mateyoke-Scrivner, Webster, Staton, & Leukefeld, 2004; Rempel & Destefano, 2001), and race (Hartley & Phillips, 2001) have all been found to impact graduation rates in the drug court setting. Dependency history has been found to impact reunification rates (Cheng, 2010). Employment has been found to have many benefits, including impacting graduation rates in adult drug court (Mateyoke-Scrivner et al., 2004; Hartley & Phillips,
2001) and contributing to drug abuse treatment outcomes (Leukefeld, Webster, Staton-Tindall, & Duvall, 2007). Employment is also associated with other pro-social and positive behaviors for drug court participants (Leukefeld et al., 2007). These variables were considered as they may have impact on the child welfare outcomes as well.

### Table 5: Control Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>Age of participant</td>
<td>In years</td>
</tr>
<tr>
<td>RACE</td>
<td>Race of participant</td>
<td>0=Caucasian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1=African American</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2=Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3=Unknown</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td>Was participant employed at the time of entry</td>
<td>0=yes</td>
</tr>
<tr>
<td></td>
<td>into the dependency system?</td>
<td>1=no</td>
</tr>
<tr>
<td>CRIMINAL HISTORY</td>
<td>Did the participant have a criminal history?</td>
<td>0=yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1=no</td>
</tr>
<tr>
<td>DRUG-RELATED CRIMINAL</td>
<td>Did the participant have a drug related</td>
<td>0=yes</td>
</tr>
<tr>
<td>HISTORY</td>
<td>criminal history?</td>
<td>1=no</td>
</tr>
<tr>
<td>DEPENDENCY HISTORY</td>
<td>Did the participant have a history in the</td>
<td>0=yes</td>
</tr>
<tr>
<td></td>
<td>dependency system?</td>
<td>1=no</td>
</tr>
</tbody>
</table>

### Data Collection

Secondary data analysis was utilized as court and child welfare data were provided directly by the drug court administrators, dependency court personnel and drug treatment providers in the respective counties. In this case, using these multiple sources of data greatly reduced the amount of missing data. Drug court administrators in each county assigned random numbers to each of the participants that attended their
respective courts during the data collection time frames. The random assignment information was then provided to dependency court personnel and all drug treatment providers, so that when they provided additional data for the study, it was done using the random numbers. Clear operational definitions for each variable and basic data collections guidelines were all furnished to all sources of data.

All data was provided using the random number assignments. No names, court case numbers or any other identifying demographic information was provided by the drug court administrators, dependency court personnel and drug treatment providers in either county. Institutional Review Board (IRB) approval was obtained relative to this study and data collection. The approval letter is available in the Appendix.
IV. ANALYSIS AND FINDINGS

This analysis was performed with chi-square, ANOVA and logistic regression. Using IBM Statistical Package for the Social Sciences (SPSS) Statistics 19 (2010), multiple predictor variables were tested to determine their impact on two child welfare outcomes, as more specifically described herein.

**Screening and Cleaning the Data**

Of all of the data collected, four variables had missing information. Specifically, of the 196 participants, employment status was missing for 17 participants, drug related criminal history was missing for 19 participants, previous dependency case was missing for 8 participants, and race was missing for 2 participants. Multiple options were considered to contend with the missing data, including excluding the cases, using the mode, and using .5 in the analysis.

Discarding participants (cases) with incomplete records can be done with small amounts of missing data. However, doing so may lead to serious biases (Little & Rubin, 1987). Given the total number of participants, especially in the TDC group, excluding the cases was not practical. A preliminary analysis concluded that using the mode versus using .5 in the analysis had no significant effect on the results. Accordingly, .5 was used for all of the missing data for employment status, drug related criminal history and previous dependency case.

The two unknowns in the categorical variable race were collapsed into the same category as Hispanic for analysis purposes. Because the majority of dependency court
cases involve females (mothers), the genders were reported but not used for analysis purposes.

**Preliminary Analysis of Reunification Data**

A total of 196 study participants were available to explore reunification rates. This included three distinct categories: 64 participants who started and completed Traditional Dependency Court (TDC), 70 participants who started but failed to complete Family Dependency Drug Court (FDDC), and 62 participants who started and completed Family Dependency Drug Courts (FDDC).

Therapeutic Jurisprudence Theory can be empirically tested by exploring the exposure level a participant has to therapeutic jurisprudence to determine if it impacts reunification rates. Participants who start and complete the TDC experience no therapeutic jurisprudence (but rather full traditional jurisprudence); participants that start but fail to complete the FDDC experience partial therapeutic jurisprudence; and participants that start and complete the FDDC experience full therapeutic jurisprudence. The more exposure a participant has to therapeutic jurisprudence, the greater the likelihood that the participant will be reunified with the minor child(ren).

**Descriptive Analysis**

As shown in Table 6, the average age of all of the participants was 31.40 and the gender was overwhelmingly female (86.2%). The majority of the clients were Caucasian (65.3%) followed by African-American (25.0%) and Hispanic (9.2%). While the majority of the combined participants were employed at the onset of the dependency case (51.0%), employment rates varied among the three groups. 74.2% of the participants
that started and completed the FDDC were employed, compared to 42.9% of the participants that started but failed to complete the FDDC and 57.6% of the participants that completed TDC.

Table 6: Descriptive Statistics by Dependency Court Status

<table>
<thead>
<tr>
<th>Dependency Drug Court Status</th>
<th>Completed FDDC N=62</th>
<th>Did not Complete FDDC N=70</th>
<th>Completed TDC N=64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (average)</td>
<td>Mean in years</td>
<td>33.21</td>
<td>30.31</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>54 (87.1%)</td>
<td>59 (84.3%)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>8 (12.9%)</td>
<td>11 (15.7%)</td>
</tr>
<tr>
<td>Race</td>
<td>Caucasian</td>
<td>47 (75.8%)</td>
<td>43 (61.4%)</td>
</tr>
<tr>
<td></td>
<td>African-American</td>
<td>12 (19.3%)</td>
<td>16 (22.9%)</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>2 (3.2%)</td>
<td>11 (15.7%)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1 (1.6%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Employment</td>
<td>Yes</td>
<td>46 (74.2%)</td>
<td>30 (42.9%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>13 (21.0%)</td>
<td>35 (50.0%)</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>3 (4.8%)</td>
<td>5 (7.1%)</td>
</tr>
<tr>
<td>Criminal History</td>
<td>Yes</td>
<td>54 (87.1%)</td>
<td>56 (80.0%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>8 (12.9%)</td>
<td>14 (20.0%)</td>
</tr>
<tr>
<td>Drug-related Criminal History</td>
<td>Yes</td>
<td>30 (48.4%)</td>
<td>37 (52.9%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>28 (45.2%)</td>
<td>24 (34.3%)</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>4 (6.5%)</td>
<td>9 (12.9%)</td>
</tr>
<tr>
<td>Previous Dependency Case</td>
<td>Yes</td>
<td>18 (29.0%)</td>
<td>19 (27.1%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>44 (71.0%)</td>
<td>49 (70.0%)</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>0 (0.0%)</td>
<td>2 (2.9%)</td>
</tr>
</tbody>
</table>

The combined participants were likely to have a criminal history (81.6%), but not as likely to have a drug-related criminal history (48.0%). Those that completed FDDC
had the highest percentage of criminal history (87.1%) and those that completed the TDC had the lowest (78.1%). The highest percentage of participants with a drug-related criminal history were those that started but failed to complete FDDC (52.9%) and the lowest were participants in TDC (42.2%). In regards to previous dependency cases, 28.6% of the total participants had a prior dependency case. Across the three groups, the numbers were extremely close with 29.0% (FDDC completers), 27.1% (FDDC non-completers) and 29.7% (TDC) of the participants having experienced dependency court in their past.

Overall, the three groups were found to be fairly equal in terms of age, gender, race, criminal history, drug-related criminal history and previous dependency case. In terms of employment, there were notable differences. There is a statistically significant difference in the participants that completed TDC and the participants that completed FDDC (p = .000) and the participants that completed FDDC and the participants that started but failed to complete FDDC (p = .001). There was no difference in employment status between the participants that completed TDC and the participants that started but failed to complete FDDC (p = .969). Since 74.2% of the participants that completed the FDDC were employed at the start of the dependency case, this could put this group at an advantage and may impact the analysis regarding reunification. The participants that started but failed to complete FDDC were at the greatest disadvantage with an employment rate of 42.9%.
Assumption for ANOVA

As a preliminary analysis of the reunification data set, a one-way between-groups analysis of variance was conducted to explore the impact of dependency court status on reunification rates. The assumption of homogeneity of variance was checked by examining the Levene Statistic. At .025, as indicated in Table 7, the significance value is lower than the threshold of .05. This data violates the assumption that the variances in the distributions of the populations are equal.

Table 7: Test of Homogeneity of Variances

<table>
<thead>
<tr>
<th>Were the kid(s) reunified?</th>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.752</td>
<td>2</td>
<td>193</td>
<td>.025</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welch</td>
<td>73.316</td>
<td>2 127.781</td>
<td>.000</td>
</tr>
<tr>
<td>Brown-Forsythe</td>
<td>64.823</td>
<td>2 188.287</td>
<td>.000</td>
</tr>
</tbody>
</table>

a. Asymptotically F distributed.

When this assumption is violated using the Levene test, the Welch and Brown-Forsythe are preferable (Norusis, 2004; Pallant, 2010). Since both statistical tests are less than the .05 significance level, it can be concluded that the adjusted $F$ ratio is significant and that the groups can be compared.

Results of ANOVA

As shown in Table 8, there was a statistically significant difference at the $p<.05$ level in reunification rates for the three groups: $F = 64.5$, $p=.000$. In order to more
specifically explore differences in the three groups, a post hoc analysis was completed.
This allowed for testing for the following groups: (1) TDC participants and FDDC non-completers; (2) FDDC non-completers and FDDC completers; and (3) FDDC completers and TDC participants.

Table 8: Results of ANOVA

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>19.035</td>
<td>2</td>
<td>9.517</td>
<td>64.471</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>28.491</td>
<td>193</td>
<td>.148</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>47.526</td>
<td>195</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The post hoc comparisons are tests of the statistical significance of differences between group means calculated after (or post) having completed an analysis of variance that identifies an overall difference in the groups. A post hoc test was completed using the Tukey HSD test in Table 9 to determine where the differences in the groups occur.

With significance values below .05 and large differences between the mean scores, there appears to be several differences in groups. Group 1, the participants who started and completed TDC (mean score=.78) and Group 3, the participants that started and completed FDDC (mean score=.13) differ significantly in terms of reunification rates (p=.000). The participants who completed the FDDC had statistically higher reunification rates than the participants who completed TDC. In terms of therapeutic jurisprudence, the participants that received the full dose of therapeutic jurisprudence experienced
higher rates of reunification than those participants that received no therapeutic jurisprudence.

**Table 9: Post Hoc Multiple Comparisons**

<table>
<thead>
<tr>
<th>(I) Dependency Court Status</th>
<th>(J) Dependency Court Status</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Started and completed TDC</td>
<td>(2) Started but failed to complete FDDC</td>
<td>-.033</td>
<td>.066</td>
<td>.873</td>
<td>-.19 .12</td>
</tr>
<tr>
<td>(3) Started and completed FDDC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Started but failed to complete FDDC</td>
<td>(1) Started and completed TDC</td>
<td>.033</td>
<td>.066</td>
<td>.873</td>
<td>-.12 .19</td>
</tr>
<tr>
<td>(3) Started and completed FDDC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Started and completed FDDC</td>
<td>(1) Started and completed TDC</td>
<td>-.652*</td>
<td>.068</td>
<td>.000</td>
<td>-.81 -.49</td>
</tr>
<tr>
<td>(2) Started but failed to complete FDDC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The mean difference is significant at the 0.05 level.

Reunification rates for Group 3, participants who started and completed FDDC (mean score=.13) differ significantly from reunification rates for Group 2, participants who started but failed to complete FDDC (mean score=.81) (p=.000). The individuals that completed the FDDC experienced significantly higher rates of reunification than the non-completers of FDDC. This implies that having a full dose of therapeutic jurisprudence results in better reunification rates than having a partial dose.
There was not a statistically significant difference between Group 1, participants that started and completed TDC (mean score=.78) and Group 2, participants that started but failed to complete the FDDC (mean score=.81) in terms of reunified rates (p=.873). There does not appear to be a difference in reunification rates between the participants that started and completed the TDC and the participants that started but failed to complete the FDDC. This implies that being only partially exposed to therapeutic jurisprudence is likely no different than no exposure to therapeutic jurisprudence as they relate to reunification rates.

This preliminary analysis identifies the relationships among the three groups that require additional exploration. The nature of the relationships between the groups found to be significant through the ANOVA analysis, as well as the impact of other variables on reunification rates, will be explored in depth in hypotheses 1 through 3. This will allow for a greater understanding of how different levels of therapeutic jurisprudence may impact reunification rates.

**Hypothesis 1:** Participants who start in FDDC will be reunified with their minor child(ren) at a higher rate than participants who start in TDC.

This hypothesis explores two separate groups, specifically individuals who start in FDDC (irrespective of completion) and individuals who start in TDC (all of whom complete) to determine if partial and full amounts of therapeutic jurisprudence yields better reunification rates than no therapeutic jurisprudence.
**Descriptive Analysis**

A total of 132 participants started in the FDDC setting, compared to 64 participants in the TDC setting. Descriptive statistics for all participants are contained in Table 10. The average age for FDDC participants was 31.67, as opposed to TDC with a 30.69 average age. There were 169 females compared to 27 males, which is indicative of dependency court participants. The most common race was Caucasian (65.3%), followed by African-American (25%), Hispanic (8.7%) and unknown (1.5%). FDDC participants had a higher percentage of Caucasian participants (68.2%) compared to TDC participants (59.4%). Also, FDDC had a lower percentage of African American participants, specifically 21.2% compared to 32.8% of the TDC participants.

Fifty-one percent of all participants were employed, 40.3% were not employed and 8.7% were unknown employment. Of these, a higher percentage of FDDC participants (57.6%) were employed compared to TDC participants (37.5%). FDDC participants had higher percentages of participants with criminal histories (83.3%) and drug related criminal histories (50.8%). TDC participants, in contrast, had 78.1% with criminal histories and 42.2% with drug related criminal histories. The dependency history percentages were comparable with 28% of FDDC participants and 29.7% of TDC participants having had a previous case in dependency court.

Chi-square results indicate that there was not a statistically significant difference between the FDDC participants and the TDC participants with regards to race (p=.201), criminal history (p=.370), and drug related criminal history (p=.470). Having a previous dependency case (p=.022) and being employed at the onset of the case (p=.011) indicate that there is a statistically significant difference in the two groups of participants.
Table 10: Descriptive Statistics by Type of Court

<table>
<thead>
<tr>
<th></th>
<th>Family Dependency Drug Court (FDDC) N=132</th>
<th>Traditional Dependency Court (TDC) N=64</th>
<th>Total N=196</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong> Mean in years</td>
<td>31.67</td>
<td>30.69</td>
<td>31.35 average</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>113 (85.6%)</td>
<td>56 (87.5%)</td>
<td>169 (86.2%)</td>
</tr>
<tr>
<td>Male</td>
<td>19 (14.4%)</td>
<td>8 (12.5%)</td>
<td>27 (13.8%)</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>90 (68.2%)</td>
<td>38 (59.4%)</td>
<td>128 (65.3%)</td>
</tr>
<tr>
<td>African-American</td>
<td>28 (21.2%)</td>
<td>21 (32.8%)</td>
<td>49 (25.0%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12 (9.0%)</td>
<td>5 (7.8%)</td>
<td>17 (8.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (1.5%)</td>
<td>0 (0.0%)</td>
<td>2 (1.5%)</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>76 (57.6%)</td>
<td>24 (37.5%)</td>
<td>100 (51.0%)</td>
</tr>
<tr>
<td>No</td>
<td>48 (36.4%)</td>
<td>31 (48.4%)</td>
<td>79 (40.3%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>8 (6.1%)</td>
<td>9 (14.1%)</td>
<td>17 (8.7%)</td>
</tr>
<tr>
<td><strong>Criminal History</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>110 (83.3%)</td>
<td>50 (78.1%)</td>
<td>160 (81.6%)</td>
</tr>
<tr>
<td>No</td>
<td>22 (16.7%)</td>
<td>14 (21.9%)</td>
<td>36 (18.4%)</td>
</tr>
<tr>
<td><strong>Drug-related Criminal History</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>67 (50.8%)</td>
<td>27 (42.2%)</td>
<td>94 (48.0%)</td>
</tr>
<tr>
<td>No</td>
<td>52 (39.4%)</td>
<td>31 (48.4%)</td>
<td>83 (42.3%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>13 (9.8%)</td>
<td>6 (9.4%)</td>
<td>19 (9.7%)</td>
</tr>
<tr>
<td><strong>Previous Dependency Case</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>37 (28.0%)</td>
<td>19 (29.7%)</td>
<td>56 (28.6%)</td>
</tr>
<tr>
<td>No</td>
<td>93 (70.5%)</td>
<td>39 (60.9%)</td>
<td>132 (67.3%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>2 (1.5%)</td>
<td>6 (9.4%)</td>
<td>8 (4.1%)</td>
</tr>
</tbody>
</table>

Considering that the state of being employed may provide benefit to a participant, FDDC participants would be at an advantage, since they were more likely to be employed at the onset of the case. More specifically, 57.6% of FDDC participants were employed, compared to 37.5% of TDC participants.

Assuming that having a previous dependency case may impact success in either the FDDC or the TDC, FDDC participants may be at an advantage since they were less likely to have a previous dependency case (28% compared to 29.7%). It is important to
note that 1.5% of the FDDC participants and 9.4% of the TDC participants were recorded as unknown with regards to previous dependency case, which may have impacted this analysis.

Chi-Square

A Chi-square test for independence was used to explore the relationship between the type of court (FDDC versus TDC) and reunification. Table 11 indicates that the 50.8% of the participants in the FDDC are reunified with their child(ren), as opposed to 21.9% of the TDC participants.

Table 11: Reunification by Type of Court & Chi-Square Results

<table>
<thead>
<tr>
<th>Were the kid(s) reunified?</th>
<th>Type of Court</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family Dependency</td>
<td>Trad. Dependency</td>
<td>Drug Ct.</td>
<td>Ct.</td>
</tr>
<tr>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>67</td>
<td>14</td>
<td></td>
<td>81</td>
</tr>
<tr>
<td>% within Type of Court</td>
<td>(50.8%)</td>
<td>(21.9%)</td>
<td></td>
<td>(41.3%)</td>
</tr>
<tr>
<td>no</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>65</td>
<td>50</td>
<td></td>
<td>115</td>
</tr>
<tr>
<td>% within Type of Court</td>
<td>(49.2%)</td>
<td>(78.1%)</td>
<td></td>
<td>(58.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>132</td>
<td>64</td>
<td></td>
<td>196</td>
</tr>
<tr>
<td></td>
<td>(67.3%)</td>
<td>(32.7%)</td>
<td></td>
<td>(100%)</td>
</tr>
</tbody>
</table>

Continuity Correction Value 13.661, Sig.= .000

Since both the dependent and the independent variables had only two categories, the Yates’ Correction for Continuity (Continuity Correction) was considered. This output compensates for the possible overestimate of the chi-square value found in
the Pearson Chi-Square (Pallant, 2010). As indicated above, the significance value of .000, which is well below the .05 threshold, shows that there is a relationship between the type of court a participant attends and reunification rates. This relationship was further explored using logistic regression to determine if other variables may be responsible for the association between the independent and dependent variables.

**Assumptions for Logistic Regression**

While logistic regression does not require adherence to stringent assumptions regarding the distributions of the predictor variables, it does require several issues be considered and explored. First, the ratio of cases to the number of independent variables was addressed. According to Peduzzi et al. (1996), at least ten events are necessary for each parameter you wish to estimate. For hypothesis one, 196 total cases were used for analysis, with 132 from the FDDC and 64 from the TDC. A total of seven independent and control variables were included, which makes the ratio of cases to variables acceptable.

Second, multicollinearity was explored to determine if a high intercorrelation among the predictor variables exists. Tolerance Values that are very low (less than .1), or Variance Inflation Factor (VIF) values above 10, indicate that the variable has high correlations with other predictor variables in the model (Pallant, 2010, p. 158 and 169). Since the tolerance levels are well above the .1 threshold and the VIF scores are well below 10 as indicated in Table 12, multicollinearity is not an issue with this data set.
### Table 12: Collinearity Statistics

<table>
<thead>
<tr>
<th></th>
<th>Tolerance</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Court</td>
<td>.959</td>
<td>1.043</td>
</tr>
<tr>
<td>Age in years</td>
<td>.975</td>
<td>1.026</td>
</tr>
<tr>
<td>Race</td>
<td>.970</td>
<td>1.031</td>
</tr>
<tr>
<td>Criminal history</td>
<td>.761</td>
<td>1.314</td>
</tr>
<tr>
<td>Drug related criminal history</td>
<td>.770</td>
<td>1.299</td>
</tr>
<tr>
<td>Previous dependency case</td>
<td>.976</td>
<td>1.025</td>
</tr>
<tr>
<td>Employment</td>
<td>.959</td>
<td>1.043</td>
</tr>
</tbody>
</table>

Dependent Variable: Were the kid(s) reunified?

Thirdly, the presence of outliers was explored as logistic regression models are sensitive to extreme values (Mertler & Vannatta, 2005, p. 317). As indicated in Table 13 below, case number 107 was identified as not fitting the model well. According to Pallant (2010), cases with ZResid values above 2.5 or less than -2.5 should be examined closely for possible exclusion. After confirming the accuracy of the case output, recognizing that the case did not appear to represent an outlier, and considering the ZResid score of -2.478, the case was not excluded from the data set.

### Table 13: Casewise List

<table>
<thead>
<tr>
<th>Case</th>
<th>Selected Status</th>
<th>Were the kid(s) reunified?</th>
<th>Predicted</th>
<th>Predicted Group</th>
<th>Resid</th>
<th>ZResid</th>
</tr>
</thead>
<tbody>
<tr>
<td>107</td>
<td>S</td>
<td>y**</td>
<td>N</td>
<td>- .860</td>
<td>-2.478</td>
<td></td>
</tr>
</tbody>
</table>

S = Selected
Results of Logistic Regression

Logistic regression was performed to assess the impact of a number of factors on the likelihood that a family unit would be reunified. The model contained one independent variable (type of court) and six control variables (age, race, employment, criminal history, drug-related criminal history and previous dependency case). As shown in the Goodness of Fit Table 14, the full model containing all predictors was statistically significant with a Chi-square value of 42.68 with 8 degrees of freedom, $p < .00$. It can be concluded that the independent and control variables collectively have a statistically significant relationship to the dependent variable, making this model useful in explaining the variations in reunification rates. The model was, therefore, able to distinguish between those participants that were reunified versus those who were not reunified. Table 14 also indicates that the model explains between an estimated 19.6% (Cox & Snell R Square) and 26.4% (Nagelkerke R) of the variance in reunification rates.

Table 14: Goodness of Fit and Model Summary

<table>
<thead>
<tr>
<th>Step</th>
<th>Chi-square</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>42.681</td>
<td>8</td>
<td>.000</td>
</tr>
<tr>
<td>Step 1</td>
<td>223.105a</td>
<td>.196</td>
<td>.264</td>
</tr>
</tbody>
</table>

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

The Classification Table (Table 15) provides us with an indication of how well the model is able to predict the reunification for each case (or participant). Overall the
model correctly predicted reunification in 67.9% of the cases. Of the 196 participants, 133 of them were correctly predicted. The 133 correct predictions were the result of the 44 individuals correctly predicted to be reunified and the 89 individuals correctly predicted to not be reunified.

**Table 15: Classification Table**

<table>
<thead>
<tr>
<th>Observed</th>
<th>Predicted</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the kid(s) reunified?</td>
<td>Yes</td>
<td>44</td>
<td>37</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>26</td>
<td>89</td>
<td>115</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>70</td>
<td>126</td>
<td>196</td>
</tr>
</tbody>
</table>

All cases predicted correctly 133/196 = 67.9%
Yes cases predicted correctly 44/81 = 54.3%
No cases predicted correctly 89/115 = 77.4%
Percent predicted by chance 115/196 = 58.7%
Improvement over chance = 9.2%

The sensitivity of the model is the percentage of the group that has the characteristic of interest (individuals reunified) that has been accurately identified by the model (the true positives). This model correctly classified only 54.3% of the kids that were reunified. This percentage was obtained by considering the 44 participants that were successfully predicted to be reunified and dividing it by the total number of participants reunified (81). In contrast, the specificity of the model is the percentage of the group without the characteristic of interest (individuals not reunified) that is correctly identified (true negatives). For this group, the model was much stronger having predicted 77.4% of the kids that were not reunified with their family. This percentage
was calculated by considering the 89 participants that were correctly predicted to not be reunified and dividing it by the total number of participants not reunified (115). Overall, the model accurately predicted 67.9% of the cases correctly, which is a 9.2% improvement over chance.

As shown in Table 16 below, four variables contributed significantly to the predictive ability of the model: type of court (p=.001; odds ratio = 3.64), employment (p=.002; odds ratio = 3.02), drug-related criminal history (p=.012; odds ratio = .36) and being Hispanic (p=.046; odds ratio = 3.55).

The strongest predictor of reunification was the independent variable: type of court. Participants that attended the FDDC were more than three times more likely to be reunified with their child(ren) than participants who attended the TDC. Control variables also found to be significant were being Hispanic, being employed at the onset of the dependency case, and not having a drug related criminal history.

The participants most likely to be reunified attended FDDC court, were of Hispanic ethnicity, were employed at the beginning of their case and did not have a criminal history related to drugs. The finding that being Hispanic is related to reunification is cautiously considered due to the small number of individuals (n=17) that fell into that category. It is probable that with only 17 participants considered, this finding of significance is based on the small number rather than it being a true predictor of reunification.
Other predictors, namely age, being of Caucasian or African-American race, the existence of a criminal history and having a previous dependency case were not significantly associated with reunification. The hypothesis predicting the FDDC participants would realize a higher rate of reunification than TDC participants is accepted. Therefore, dependency court clients that attend the FDDC rather than the TDC were significantly more likely to be reunified with their child(ren). Exposure to
therapeutic jurisprudence (partial and full) results in higher reunification rates than no exposure.

**Hypothesis 2: Participants who start in and complete FDDC will be reunified with their minor child(ren) at a higher rate than participants that complete TDC.**

This analysis considers if full amounts of therapeutic jurisprudence (participants who start in and complete the FDDC) results in higher reunification rates than no therapeutic jurisprudence (as found in TDC).

**Descriptive Analysis**

Of the 126 participants subject to this analysis, there were 62 who attended and completed the FDDC program and 64 who completed the TDC program. Of the 62 participants that started and completed the FDDC, 54 (87%) were reunified and 8 (13%) were not. Of the 64 participants that started and completed the TDC, 14 (22%) were reunified and 50 (78%) were not.

Complete descriptive statistics are shown in Table 6 on page 65. The average age for the participants who completed the FDDC was 33.21 versus 30.69 for the TDC completers. The female gender was prominent for both groups at 87.7% (FDDC completers) and 87.5% (TDC completers). Employment differences were statistically significant (p = .000) with 74.2% of FDDC completers and 57.6% for TDC completers having a job at the onset of the dependency case. Of the FDDC completers, 87.1% had criminal histories and 48.4% had drug-related criminal histories. Of the TDC completers, 78.1% had criminal histories and 42.2% had drug-related criminal histories. The two
groups were virtually identical with 29.0% of FDDC participants and 29.7% of TDC participants having experienced a previous dependency case.

In addition to considering the independent variable type of court completed, employment status, criminal history, drug-related criminal history and previous dependency case were variables considered as possible predictors of reunification.

**Assumptions for Logistic Regression**

The data was tested to ensure that it was appropriate for logistic regression. Specifically, the data had an adequate ratio of cases to the number of independent variables, there was not a high inter-correlation among the predictor variables and there were no outliers or extreme values that could influence the statistics.

**Results of Logistic Regression**

A logistic regression analysis was conducted to predict reunification using type of court completion, employment, criminal history, drug related criminal history and previous dependency case as predictors.

<table>
<thead>
<tr>
<th>Table 17: Goodness of Fit &amp; Model Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chi-square</strong></td>
</tr>
<tr>
<td>Model</td>
</tr>
<tr>
<td>Step</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.
As evidenced in Table 17, a test of the full model shows statistical significance with a Chi-square value of 65.08 with 5 degrees of freedom, $p=.000$. This indicates that the predictors as a set can reliably distinguish between participants reunified and participants not reunified. According to the Cox & Snell R Square and the Nagelkerke R Square statistics, the tested model can explain between an estimated 40.3% and 53.9% of the variance in reunification rates.

Overall, the model shown in Table 18 was powerful, correctly classifying 82.5% of the participants according to reunification. At 86.2%, the model was somewhat stronger in accurately predicting who would not be reunified as a family, than predicting those who would be reunified (79.4%). Further, the model was able to improve prediction over chance by 28.5%.

**Table 18: Classification Table**

<table>
<thead>
<tr>
<th>Observed</th>
<th>Predicted</th>
<th>Were the kid(s) reunified?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the kid(s) reunified?</td>
<td>Yes</td>
<td>54</td>
<td>14</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>8</td>
<td>50</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>64</td>
<td>126</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All cases predicted correctly 104/126 = 82.5%
Yes cases predicted correctly 54/68 = 79.4%
No cases predicted correctly 50/58 = 86.2%
Percent predicted by chance 68/126 = 54.0%
Improvement over chance = 28.5%

The regression results contained in Table 19 convey that the type of court the participant completed ($p=.000$; odds ratio=23.64) and having a drug-related criminal history ($p=.041$; odds ratio=.27) are the only variables that contributed significantly to
the predictive ability of the model. The single strongest predictor of family reunification was the independent variable type of court completed. Participants that completed the FDDC were over 23 times more likely to be reunified with their child(ren) than participants that completed the TDC. Non-completers were not considered for this analysis. Being employed at the onset of the dependency case, having a criminal history, and having a previous dependency case did not produce significant results in the model.

Table 19: Regression Results

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>Df</th>
<th>Sig.</th>
<th>Exp(B)</th>
<th>95% C.I.for EXP(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>TYPE OF COURT</td>
<td>3.163</td>
<td>.528</td>
<td>35.924</td>
<td>1</td>
<td>.000</td>
<td>23.647</td>
<td>8.405</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td>.808</td>
<td>.535</td>
<td>2.281</td>
<td>1</td>
<td>.131</td>
<td>2.244</td>
<td>.786</td>
</tr>
<tr>
<td>CRIMINAL HISTORY</td>
<td>.765</td>
<td>.719</td>
<td>1.132</td>
<td>1</td>
<td>.287</td>
<td>2.148</td>
<td>.525</td>
</tr>
<tr>
<td>DRUG RELATED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRIMINAL HISTORY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVIOUS</td>
<td>-1.278</td>
<td>.625</td>
<td>4.181</td>
<td>1</td>
<td>.041</td>
<td>.279</td>
<td>.082</td>
</tr>
<tr>
<td>DEPENDENCY CASE</td>
<td>-.015</td>
<td>.520</td>
<td>.001</td>
<td>1</td>
<td>.977</td>
<td>.985</td>
<td>.355</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.726</td>
<td>.563</td>
<td>9.399</td>
<td>1</td>
<td>.002</td>
<td>.178</td>
<td></td>
</tr>
</tbody>
</table>

The hypothesis predicting that participants who complete the FDDC will be reunified with their minor child(ren) at a higher rate than participants that complete the TDC is accepted. The individuals who experience full exposure to therapeutic jurisprudence in FDDC experience higher rates of reunification success than individuals that have no exposure to therapeutic jurisprudence.
Hypothesis 3: Participants who start the FDDC program but do not complete it will have lower reunification rates than participants who start in and complete the FDDC program.

This analysis allowed for the exploration of the impact of partial (FDDC non-completers) versus full exposure (FDDC completers) to therapeutic jurisprudence on reunification rates.

Descriptive Analysis

Of the 196 total participants, 132 attended the FDDC were considered for this hypothesis. As shown in Table 20, of the 132 FDDC parents, 62 successfully completed the FDDC program, while 70 started but failed to complete the FDDC program.

Table 20: Family Dependency Drug Court Participants by Completion Status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated</td>
<td>62</td>
<td>47.0%</td>
<td>47.0%</td>
<td>47.0%</td>
</tr>
<tr>
<td>Discharged from</td>
<td>62</td>
<td>47.0%</td>
<td>47.0%</td>
<td>93.9%</td>
</tr>
<tr>
<td>program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opted out</td>
<td>8</td>
<td>6.1%</td>
<td>6.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>132</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Of the 70 participants that did not complete the FDDC, Table 20 shows that 62 were discharged from the program and 8 requested that they be removed from the program. Discharges are done for a variety of reasons including repeatedly not following FDDC rules and inability to participate in the intensive treatment program due to medical, mental health or other reasons. It is important to note that some discharges are
for neutral reasons, rather than noncompliance or continued substance abuse. For example, participants could request to be removed from FDDC and to attend the TDC on a voluntary basis. This typically occurred when the participant had transportation issues and was unable to attend the frequent hearings. Several participants could have been labeled as discharged from program and/or opted out of program. Because of this tremendous overlap in the two categories, they were grouped together into the single category of non-graduates or non-completers.

Descriptive statistics for the FDDC participants, divided by those who completed the program versus those that did not complete the program are included in Table 6 on page 65. As indicated, the average age for participants who completed the FDDC was 33.21 years, while the average age for the non-completers was 30.31 years. Females made up 85.6% of the total FDDC participants, compared to 14.4% males. A higher percentage of Caucasians were present in the group of FDDC participants that completed the program. There were no statistically significant differences in the two groups with regards to the basic demographic information.

With regards to employment, 74.2% of the participants who completed the program were employed at the onset of the case, compared to 42.9% of the participants that did not complete FDDC. The difference in employment status between the groups was statistically significant ($p=.001$). Being employed at the onset of the case may impact reunification success, making the FDDC completers have an advantage over the FDDC non-completers. Participants who completed the FDDC were slightly more likely to have criminal histories (87.1% compared to 80.0%), but less likely to have drug
related criminal histories (48.4% compared to 52.9%). Both groups had similar percentages when it came to previous dependency cases, with 29.0% (those who completed FDDC) and 27.1% (those that started but did not complete FDDC).

Chi-Square

Results from chi-square indicate that there is a significant (p=.000) relationship between FDDC program completion and reunification. Logistic regression was used to further explore this relationship and consider other variables that may impact reunification rates.

Assumptions for Logistic Regression

Multiple assumptions warrant exploration when using logistic regression. The ratio of cases to the number of independent variables was considered to ensure at least 10 events per parameter. For this analysis, a total of 132 cases were available. Since a total of 7 independent and control variables were used, the ratio of cases to variables falls within an acceptable range.

Collinearity statistics indicate tolerance levels above the .1 threshold and VIF levels below 10, signifying that multicollinearity is not an issue using this data. The final assumption involves the presence of extreme scores or outliers. Eight cases were identified as potential outliers. After considering and verifying the accuracy of the output for each case, it was determined that the cases should not be excluded from analysis.
Results of Logistic Regression

To examine the differences in reunification rates between FDDC participants who complete the program versus those who start the program but do not complete it, logistic regression was performed. The proposed model included one independent variable (Completion of FDDC) and six control variables (age, race, employment, criminal history, drug-related criminal history and previous dependency case).

As indicated in Table 21, the full model, which includes all predictors, was statistically significant with a Chi-square of 73.79 with 8 degrees of freedom, p=.000. From this Goodness of Fit statistic, it can be concluded that the independent and control variables have statistically significant effects on the dependent variable. Accordingly, the proposed model is useful in explaining reunification rates.

Table 21: Goodness of Fit & Model Summary

<table>
<thead>
<tr>
<th>Step</th>
<th>Chi-square</th>
<th>Df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>73.794</td>
<td>8</td>
<td>.000</td>
</tr>
</tbody>
</table>

-2 Log likelihood | Cox & Snell R Square | Nagelkerke R Square |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>109.166*</td>
<td>.428</td>
</tr>
</tbody>
</table>

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.

The model explains between 42.8% (Cox & Snell R Square) and 57.1% (Nagelkerke R) of the variance in reunification rates using these predictors. Additionally, the proposed model correctly classified 84.8% of the cases, as shown in Table 22. The model was able to correctly predict both the child(ren) reunified (82.1%) and those not
reunified (87.7%). The model was 34.0% better at predicting reunification than using chance alone.

**Table 22: Classification Table**

<table>
<thead>
<tr>
<th>Observed</th>
<th>Predicted</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the kid(s) reunited?</td>
<td>Yes</td>
<td>No</td>
<td>Total</td>
</tr>
<tr>
<td>Yes</td>
<td>55</td>
<td>12</td>
<td>67</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>57</td>
<td>65</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>69</td>
<td>132</td>
</tr>
</tbody>
</table>

All cases predicted correctly 112/132 = 84.8%
Yes cases predicted correctly 55/67 = 82.1%
No cases predicted correctly 57/65 = 87.7%
Percent predicted by chance 67/132 = 50.8%
Improvement over chance = 34.0%

As indicated in Table 23, the independent variable FDDC Completion was the only variable that contributed significantly to the predictive ability of the model (p=.000, odds ratio 30.26). Participants that completed the FDDC were over 30 times more likely to be reunified with their child(ren). Other proposed variables, specifically age, race, employment, criminal history, drug-related criminal history and previous dependency case were not significantly associated with reunification.

Participants that completed the FDDC program were significantly more likely to be reunified with their child(ren) than those that started the FDDC program but did not complete it. Therefore, the hypothesis proposing that reunification rates would be higher for FDDC graduates versus those that started FDDC but didn’t complete the program is accepted. The best chance that a substance abusing parent has at being reunified with the child(ren) is by attending and graduating from FDDC.
Table 23: Regression Results

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp(B)</th>
<th>95% C.I.for EXP(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDDC COMPLETION</td>
<td>3.410</td>
<td>.551</td>
<td>38.238</td>
<td>1</td>
<td>.000</td>
<td>30.263</td>
<td>10.269</td>
</tr>
<tr>
<td>AGE</td>
<td>-.029</td>
<td>.036</td>
<td>.650</td>
<td>1</td>
<td>.420</td>
<td>.971</td>
<td>.905</td>
</tr>
<tr>
<td>CAUCASIAN</td>
<td></td>
<td></td>
<td>1.220</td>
<td>2</td>
<td>.543</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFRICAN AMERICAN</td>
<td>.692</td>
<td>.653</td>
<td>1.123</td>
<td>1</td>
<td>.289</td>
<td>1.998</td>
<td>.556</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>.425</td>
<td>.868</td>
<td>.239</td>
<td>1</td>
<td>.625</td>
<td>1.529</td>
<td>.279</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td>-.272</td>
<td>.560</td>
<td>.236</td>
<td>1</td>
<td>.627</td>
<td>.762</td>
<td>.254</td>
</tr>
<tr>
<td>CRIMINAL HISTORY</td>
<td>.931</td>
<td>.780</td>
<td>1.422</td>
<td>1</td>
<td>.233</td>
<td>2.536</td>
<td>.549</td>
</tr>
<tr>
<td>DRUG RELATED CRIMINAL HISTORY</td>
<td>-.858</td>
<td>.613</td>
<td>1.959</td>
<td>1</td>
<td>.162</td>
<td>.424</td>
<td>.127</td>
</tr>
<tr>
<td>PREVIOUS DEPENDENCY</td>
<td>1.007</td>
<td>.585</td>
<td>2.957</td>
<td>1</td>
<td>.086</td>
<td>2.736</td>
<td>.869</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.588</td>
<td>1.328</td>
<td>1.429</td>
<td>1</td>
<td>.232</td>
<td></td>
<td>.204</td>
</tr>
</tbody>
</table>

Reunification: Summary of Hypotheses 1-3

The preliminary analysis and the first three hypotheses addressed the outcome reunification as an indicator of success in the dependency court setting. Hypothesis 1 considered the relationship between FDDC (completers and non-completers) and TDC. Utilizing ANOVA in a preliminary exploration of the three groups (TDC, FDDC non-completers and FDDC completers), it was found that there was a statistically significant difference in two groups, namely TDC versus FDDC completers and FDDC completers
versus FDDC non-completers. These specific relationships were further explored through Hypotheses 2 through 3. Other control variables known and estimated to have an impact on reunification were also included. A summary of the findings is outlined in Table 24.

Table 24: Summary of Reunification Results

<table>
<thead>
<tr>
<th>Hypothesis # STATUS</th>
<th>Hypothesis</th>
<th>Type of Test</th>
<th>Significance Level (p value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACCEPTED</td>
<td>PARTICIPANTS WHO START IN FDDC WILL BE REUNIFIED WITH THEIR MINOR CHILD(REN) AT A HIGHER RATE THAN PARTICIPANTS WHO START IN TDC</td>
<td>LOGISTIC REGRESSION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ACCEPTED</td>
<td>PARTICIPANTS WHO START IN AND COMPLETE FDDC WILL BE REUNIFIED WITH THEIR MINOR CHILD(REN) AT A HIGHER RATE THAN PARTICIPANTS THAT COMPLETE TDC</td>
<td>LOGISTIC REGRESSION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>ACCEPTED</td>
<td>PARTICIPANTS WHO START THE FDDC PROGRAM BUT DO NOT COMPLETE IT WILL HAVE LOWER REUNIFICATION RATES THAN PARTICIPANTS WHO START IN AND COMPLETE THE FDDC PROGRAM</td>
<td>LOGISTIC REGRESSION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key:  
FDDC – Family Dependency Drug Court  
TDC – Traditional Dependency Court  
TOC – Type of Court (FDDC OR TDC)  
FDDC COMP – FDDC Completers versus Non-completers

Hypothesis 1 considered individuals who started TDC and individuals who started FDDC (irrespective of completion). Logistic regression results indicate that the best predictor of reunification was the court the participant attended. Specifically, the TDC participants were not as likely to be reunified as the FDDC participants. Other
significant predictors included being Hispanic, being employed at the time of entry and not having a drug related criminal history. All were positively related to reunification.

The second hypothesis considered participants who completed the FDDC versus participants who completed the TDC, along with several other control variables. Regression results indicated that completing the FDDC and not having a drug-related criminal history were the best predictors of reunification.

The third and final hypothesis to consider reunification explored FDDC completers versus FDDC non-completers, and found that completers were reunified at significantly higher rates than individuals who started but failed to complete the FDDC program.

Preliminary Analysis of Child Welfare Recidivism Data

Of the 196 total study participants, 81 were reunified with their child(ren) and therefore, available to explore child welfare recidivism rates. Of those reunified, 14 were participants that started and completed the TDC, 13 were participants that started but failed to complete the FDDC and 54 were participants that started and completed the FDDC.

According to Therapeutic Jurisprudence Theory, the more exposure a participant has to therapeutic jurisprudence, the lower the chance that they will experience child welfare recidivism. Participants that complete TDC and experience no therapeutic jurisprudence should have the most child welfare recidivism. Participants that start FDDC but fail to complete it experience partial therapeutic jurisprudence and should be less likely to experience child welfare recidivism than the TDC participants. The
participants that start and complete FDDC and experience full exposure to therapeutic jurisprudence should have the lowest child welfare recidivism rates.

Descriptive Analysis

Table 25 below provides the descriptive information for reunified participants by dependency court status.

| Table 25: Descriptive Statistics for Reunified Participants by Dependency Court Status |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Dependency Court Status                         | Completed FDDC N=54                              | Did not Complete FDDC N=13                      | Completed TDC N=14                      |
| Age (Average) Mean in years                     | 33.13                                            | 32.46                                            | 30.21                                            |
| Gender                                          | Female                                           | 47 (87.0%)                                       | 11 (84.6%)                                       | 13 (92.9%)                                       |
|                                                | Male                                             | 7 (13.0%)                                        | 2 (15.4%)                                        | 1 (7.1%)                                        |
| Race                                            | Caucasian                                        | 41 (75.9%)                                       | 9 (69.2%)                                        | 9 (64.3%)                                       |
|                                                | African-American                                | 11 (20.4%)                                       | 2 (15.4%)                                        | 5 (35.7%)                                       |
|                                                | Hispanic                                         | 2 (3.7%)                                         | 2 (15.4%)                                        | 0 (0.0%)                                        |
| Employment                                      | Yes                                              | 38 (70.4%)                                       | 6 (46.2%)                                        | 9 (64.3%)                                       |
|                                                | No                                               | 13 (24.1%)                                       | 4 (30.8%)                                        | 2 (14.3%)                                       |
|                                                | Unknown                                          | 3 (5.6%)                                         | 3 (23.1%)                                        | 3 (21.4%)                                       |
| Criminal History                                | Yes                                              | 47 (87.0%)                                       | 11 (84.6%)                                       | 11 (78.6%)                                       |
|                                                | No                                               | 7 (13.0%)                                        | 2 (15.4%)                                        | 3 (21.4%)                                       |
| Drug-related Criminal History                   | Yes                                              | 25 (46.3%)                                       | 6 (46.2%)                                        | 4 (28.6%)                                       |
|                                                | No                                               | 26 (48.1%)                                       | 4 (30.8%)                                        | 9 (64.3%)                                       |
|                                                | Unknown                                          | 3 (5.6%)                                         | 3 (23.1%)                                        | 1 (7.1%)                                        |
| Previous Dependency Case                       | Yes                                              | 15 (27.8%)                                       | 7 (53.8%)                                        | 5 (35.7%)                                       |
|                                                | No                                               | 39 (72.2%)                                       | 6 (46.2%)                                        | 9 (64.3%)                                       |
The average age for all participants was 31.93, with comparable averages in each group. Females represented the majority of the participants, encompassing 87.0% of the FDDC completers group, 84.6% of the FDDC non-completers, and 92.9% of the TDC. Race data was also comparable among the groups, with the majority being Caucasian. There was not a statistically significant difference in the three groups on these basic demographic measures.

Of those that started and completed the FDDC, 70.4% were employed at the onset of the dependency case, compared to 46.2% of the participants that failed to complete the FDDC and 64.3% of the participants that completed TDC. The three groups had comparable criminal histories with 87.0% of FDDC completers, 84.6% of FDDC non-completers, and 78.6% of TDC participants having a criminal history. The numbers were lower for having a drug-related criminal history, but still similar among the groups (FDDC completers = 46.3%; FDDC non-completers = 46.2%; TDC = 28.6%).

With regards to previous dependency case, 27.8% for FDDC completers, 53.8% for FDDC non-completers and 35.7% TDC participants had at least one prior case with the dependency system. On these remaining measures, the groups were not statistically different.

Hypotheses four through seven will analyze different variations of the groups to explore the relationship between the amounts of therapeutic jurisprudence a participant experiences and child welfare recidivism rates.
**Hypothesis 4:** Of the individuals who were reunified, participants who start in FDDC will be less likely to have future contact with child welfare agencies than participants who start in TDC.

Hypothesis four explores two separate groups, specifically individuals who start in FDDC (irrespective of completion) and individuals who start in TDC (all of whom complete) to determine if partial and full amounts (combined) of therapeutic jurisprudence yields lower child welfare recidivism rates than no therapeutic jurisprudence.

**Descriptive Analysis**

Of the 81 reunified parents, 82.7% (67) attended the FDDC compared to 17.3% (14) of the TDC. The smaller number of reunified participants subject to this hypothesis impacted the type of analysis and the number of independent variables that could be explored.

The descriptive statistics for all reunified participants divided by type of court (and irrespective of completion) are displayed in Table 26. As shown, the average age for FDDC participants was 33 years, as opposed to 30 years for TDC participants. Of the 81 total participants, 71 were female and 10 were male. In regards to race, 72.8% of the participants were Caucasian, 22.2% African American, 3.7% Hispanic and 1.2% were unknown. FDDC had a higher percentage of Caucasians than TDC; and TDC had a higher percentage of African Americans than the FDDC program.

With regards to employment, participants in both the FDDC and the TDC had very comparable numbers. Specifically, 65.7% of FDDC participants were employed compared to 64.3% of the TDC participants. Comparable percentages were also noted
with participants that had previous dependency cases, with 32.8% of FDDC and 35.7% of TDC participants having had at least one previous dependency case.

Table 26: Descriptive Statistics for Reunified Participants by Type of Court

<table>
<thead>
<tr>
<th>Type of Court</th>
<th>Family Dependency Drug Court (FDDC)</th>
<th>Traditional Dependency Court (TDC)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (average) Mean in years</td>
<td>33.00</td>
<td>30.21</td>
<td>32.52</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>58 (86.6%)</td>
<td>13 (92.9%)</td>
<td>71 (87.7%)</td>
</tr>
<tr>
<td>Male</td>
<td>9 (13.4%)</td>
<td>1 (7.1%)</td>
<td>10 (12.3%)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>50 (74.6%)</td>
<td>9 (64.3%)</td>
<td>59 (72.8%)</td>
</tr>
<tr>
<td>African-American</td>
<td>13 (19.4%)</td>
<td>5 (35.7%)</td>
<td>18 (22.2%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3 (4.5%)</td>
<td>0 (0.0%)</td>
<td>3 (3.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (1.5%)</td>
<td>0 (0.0%)</td>
<td>1 (1.2%)</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>44 (65.7%)</td>
<td>9 (64.3%)</td>
<td>53 (65.4%)</td>
</tr>
<tr>
<td>No</td>
<td>17 (25.4%)</td>
<td>2 (14.3%)</td>
<td>19 (23.5%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>6 (9.0%)</td>
<td>3 (21.4%)</td>
<td>9 (11.1%)</td>
</tr>
<tr>
<td>Criminal History</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>58 (86.6%)</td>
<td>11 (78.6%)</td>
<td>69 (85.2%)</td>
</tr>
<tr>
<td>No</td>
<td>9 (13.4%)</td>
<td>3 (21.4%)</td>
<td>12 (14.8%)</td>
</tr>
<tr>
<td>Drug-related Criminal History</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>31 (46.3%)</td>
<td>4 (28.6%)</td>
<td>35 (43.2%)</td>
</tr>
<tr>
<td>No</td>
<td>30 (44.8%)</td>
<td>9 (64.3%)</td>
<td>39 (48.1%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>6 (9.0%)</td>
<td>1 (7.1%)</td>
<td>7 (8.6%)</td>
</tr>
<tr>
<td>Previous Dependency Case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22 (32.8%)</td>
<td>5 (35.7%)</td>
<td>27 (33.3%)</td>
</tr>
<tr>
<td>No</td>
<td>45 (67.2%)</td>
<td>8 (57.1%)</td>
<td>53 (65.4%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>0 (0.0%)</td>
<td>1 (7.1%)</td>
<td>1 (1.2%)</td>
</tr>
</tbody>
</table>

FDDC participants had higher percentages of participants with criminal histories (86.6% compared to 78.6% for TDC) and drug related criminal histories (46.3% compared to 28.6% for TDC). Due to the small number of participants considered for
this hypothesis, Chi-square analysis could not be performed to consider differences in the FDDC participants and the TDC participants on the variables age, race, employment, criminal history, drug related criminal history and previous dependency case.

**Results of Chi-Square**

To explore the relationship between type of court (FDDC versus TDC) and child welfare recidivism (at one year), chi-square analysis was completed. Of the reunified participants, 25 experienced child welfare recidivism within 1 year from case closure compared to 56 participants who did not come back into the dependency system within 1 year. Of the FDDC participants, 28% had future contact with the child welfare system, versus 43% of TDC participants.

<table>
<thead>
<tr>
<th>Table 27: Child Welfare Recidivism by Type of Court &amp; Chi-Square Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Court</strong></td>
</tr>
<tr>
<td>Child welfare recidivism at 1 year</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>no</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Continuity Correction Value 1.141, Sig. = .453
The Continuity Correction output indicates an insignificant value ($p=.453$), well above the .05 threshold of significance, which is evident in Table 27. This initial analysis shows that, among reunified participants, there is no relationship between the type of court they attended and child welfare recidivism within a one year time period. Logistic regression was used to consider a model to predict child welfare recidivism.

The hypothesis predicting that among the reunified family units, child welfare recidivism could be predicted by the type of court is rejected. Therefore, when comparing clients that started in the FDDC versus those that started in the TDC, there is not a statistically significant difference in future contacts with the child welfare system. Participants from the Family Dependency Drug Court that completed the program versus those that started the program but failed to complete it are analyzed separately.

**Hypothesis 5:** Of the individuals who were reunified, participants who start in but fail to complete FDDC will be less likely to have future contact with child welfare agencies than participants who complete TDC.

This analysis will allow for an examination of partial exposure to therapeutic jurisprudence by comparing the child welfare recidivism rates of participants that start but fail to complete FDDC (partial exposure) and the participants that complete TDC (no exposure to therapeutic jurisprudence).

**Descriptive Analysis**

Twenty-seven total participants were subject to this analysis. Of them, 13 started but failed to complete the FDDC and 14 were TDC participants. A full description of the two groups is contained in Table 25 on page 92. The average age of the FDDC non-
completers was 32.46, compared to 30.21 for the TDC participants. The majority of the clients were female, making up 84.6% of the FDDC non-completers and 92.9% of the TDC participants. Sixty-nine percent of the FDDC non-completers and 64.3% of the TDC participants were Caucasian.

Six of the 13 FDDC non-completers were employed at the time of entry into the dependency system, compared to 9 of the 14 TDC participants. The presence of criminal histories between the two groups was comparable at 84.6% (FDDC non-completers) and 78.6% (TDC participants). Drug-related criminal histories were less common in both groups with 6 out of 13 of the FDDC non-completers and 4 out of 14 of the TDC participants having a history. In regards to previous dependency cases, FDDC non-completers were more likely to have a case (53.8%) than TDC participants (35.7%).

As indicated in Table 28 below, of the 27 participants, 7 from the FDDC setting and 6 from the TDC setting experienced child welfare recidivism within one year, compared to 6 from the FDDC and 8 from the TDC that did not experience child welfare recidivism.

| Table 28: Child welfare recidivism by Court Completion Status & Chi-Square Results |
|-------------------------------------------------|--------------|--------|
| Type of Court                                   | Family       | Total  |
| Family Dependency Drug Ct.                      | 7 (25.9%)    | 13 (48.1%) |
| Traditional Dependency Ct.                      | 6 (22.2%)    | 14 (51.9%) |
| Child welfare recidivism at 1 year              | yes          |        |
| no                                              | 6 (22.2%)    | 14 (51.9%) |
| Total                                           | 13 (48.1%)   | 27 (100%) |

Continuity Correction Value .034, Sig. = .853
Results of Chi-Square

The data set meets the minimum expected cell frequency assumption. Each cell has more than 5 cases, or 6.26 as indicated above. The Continuity Correction value of .034 with the associated significance level of .85, as presented in Table 28, indicates that there is no relationship between the two groups: FDDC non-completers and TDC completers as they relate to child welfare recidivism. The hypothesis is rejected as the FDDC non-completers do not have less contact with the formal child welfare system than TDC participants. In other words, partial exposure to therapeutic jurisprudence does not appear to prevent child welfare recidivism any more so than no exposure to therapeutic jurisprudence as experienced in traditional dependency court.

**Hypothesis 6:** Of the individuals who were reunified, participants who start in and complete FDDC will be less likely to have future contact with child welfare agencies.

Participants that start in and complete FDDC experience full exposure to therapeutic jurisprudence. This analysis allows for a comparison between full therapeutic jurisprudence and no exposure to therapeutic jurisprudence, as experienced in the TDC.

Descriptive Analysis

As evident in Table 29, of the reunified participants, 54 completed the FDDC program and 14 completed the TDC program. Participants that completed the FDDC program had an average age of 33.13 were 87.0% female and were primarily Caucasian (75.9%). TDC participants also had similar demographic features, including
an average age of 30.21, 92.9% female and 64.3% Caucasian. Being employed at the start of the dependency case was similar at 70.4% (FDDC completers) and 64.3% (TDC), as was the existence of a criminal history between FDDC completers (87.0%) and TDC completers (78.6%). Having a drug-related criminal history was not as comparable between the groups with 46.3% of the FDDC completers and 28.6% of the TDC completers.

**Table 29: Child welfare recidivism by Court of Completion & Chi-Square Results**

<table>
<thead>
<tr>
<th>Type of Court</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family Dependency Drug Ct.</td>
</tr>
<tr>
<td>Child welfare recidivism at 1 year</td>
<td>yes</td>
</tr>
<tr>
<td>no</td>
<td>42 (61.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>54 (79.4%)</td>
</tr>
</tbody>
</table>

Continuity Correction Value 1.488, Sig. = .223

**Results of Chi-Square**

Of the 54 participants that started and completed the FDDC, 12 experienced child welfare recidivism within one year from the date of the closure of their reunification case and 42 did not experience child welfare recidivism. Of the 14 individuals that were reunified after completing the TDC program, 6 of them experienced child welfare recidivism and 8 of them did not.

A minimum expected cell frequency is an assumption of chi-square. It requires that each cell be 5 or greater. As shown above, all cell sizes are greater than 5 and greater than the minimum expected count of 3.71.
Because each variable only has two categories, the Yates Continuity Correction output was necessary. With a Continuity Correction value of 1.48 and an associated significance level of .220, the results are not statistically significant. The chi-square test indicated no significant association between the type of court completed and child welfare recidivism. The hypothesis is rejected, as there is no difference in child welfare recidivism rates between completers of the FDDC versus completers of the TDC. In comparing the participants that had full exposure to therapeutic jurisprudence (FDDC completers) to participants that had full exposure to traditional jurisprudence (TDC completers), there was not a statistically significant difference in the child welfare recidivism rates.

_Hypothesis 7: Of the individuals who were reunified, participants who start in but fail to complete FDDC will have more future contact with child welfare agencies than participants who complete the FDDC program._

This final analysis explores two groups that experience therapeutic jurisprudence at different levels. The participants that start in but fail to complete FDDC should experience higher rates of child welfare recidivism than the participants that experience the full exposure to therapeutic jurisprudence by completing the FDDC program.

_Descriptive Analysis_

Of the 67 reunified FDDC participants, 54 completed FDDC as opposed to 13 who started but failed to complete the FDDC program. Comparable numbers were seen for those who completed FDDC versus those that started but didn’t complete FDDC for age, gender, and drug related criminal history. Table 25 located on page 92 shows the
average age as 33.13 years for participants who completed FDDC and 32.46 years for those who did not complete FDDC. Gender results indicate 87.0% females (completed FDDC) and 84.6% females (did not complete FDDC). Almost identical percentages were found for those FDDC participants who have drug related criminal histories, with 46.3% for those who completed versus 46.2% for those who did not complete the program.

Large differences were found when considering employment status and previous dependency cases. Participants who completed the FDDC program were more likely to be employed (70.4% compared to 46.2%), and less likely to have had a previous dependency case (27.8% compared to 53.8%).

**Chi-Square**

Of the 54 participants that completed the FDDC, 12 of them experienced child welfare recidivism within 12 months of reunification and 42 of them did not experience child welfare recidivism. Of the 13 individuals that failed to complete the FDDC, 7 of them experienced child welfare recidivism and 6 of them did not. These results are displayed in Table 30.

**Table 30: Child Welfare Recidivism at 1 Year for Reunified FDDC Participants**

<table>
<thead>
<tr>
<th>Did the Client complete FDDC?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child welfare recidivism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at 1 year</td>
<td>yes</td>
<td>12 (17.9%)</td>
<td>7 (10.4%)</td>
</tr>
<tr>
<td></td>
<td>no</td>
<td>42 (62.7%)</td>
<td>6 (9%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>54 (80.6%)</td>
<td>13 (19.4%)</td>
</tr>
</tbody>
</table>

Continuity Correction Value 3.718, Sig. = .054
Chi-square results indicate the relationship between FDDC completion and child welfare recidivism is approaching statistical significance with a Continuity Correction at p=.054 (slightly above the .05 standard of significance). Further analysis using additional variables in a model was performed with logistic regression.

**Assumptions for Logistic Regression**

The first of three assumptions considered before performing logistic regression considers the ratio of cases to the number of independent variables. For this hypothesis, a total of 67 cases were available for analysis. This small number allowed for only a few variables including a single independent variable and three control variables. This model with only four predictor variables meets the ratio of cases to variables assumption.

The second assumption, multicollinearity, was not an issue due to tolerance values more than .1 and VIF values below 10, which indicate that the predictor variables are not strongly related to each other.

The final assumption considered involves the presence of outliers in the data set. One case was reported to be a possible extreme score. After verifying the accuracy of the case output and the ZResid score of -2.478, the case was not excluded from the data set.

**Results of Logistic Regression**

Logistic regression was performed to assess the impact of a number of variables on the likelihood that FDDC participants who experienced reunification would be back in
the child welfare system (child welfare recidivism). The proposed model included one independent variable (completion of FDDC) and three control variables (employment, drug-related criminal history and previous dependency case).

**Table 31: Goodness of Fit & Model Summary**

<table>
<thead>
<tr>
<th></th>
<th>Chi-square</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>6.504</td>
<td>4</td>
<td>.165</td>
</tr>
<tr>
<td>-2 Log likelihood Cox &amp; Snell R Square Nagelkerke R Square</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>73.401a</td>
<td>.093</td>
<td>.133</td>
</tr>
</tbody>
</table>

As shown in Table 31, the proposed model is not a good fit, with a Chi-square value of 6.50 with 4 degrees of freedom and p=.165. Further indication of a poor model can be seen in the Model Summary and the Classification Table 32. These statistics indicate that the proposed model explains between 9.3% (Cox & Snell R Square) and 13.3% (Nagelkerke R) of the variance in child welfare recidivism, and correctly classified 79.1% of the cases. The proposed model was able to accurately predict those who would not experience child welfare recidivism within one year 97.9% of the time. The model was poor (31.6%) at predicting those who would experience child welfare recidivism and almost perfect (97.9%) at predicting who would not experience child welfare recidivism within the same time frame. Overall the model had a prediction power of 7.5% higher than chance.
Table 32: Classification Table

<table>
<thead>
<tr>
<th>Observed</th>
<th>Predicted</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Total</td>
</tr>
<tr>
<td>Child welfare recidivism at 1 year</td>
<td>6</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>60</td>
<td>67</td>
</tr>
</tbody>
</table>

All cases predicted correctly 53/67 = 79.1%
Yes cases predicted correctly 6/19 = 31.6%
No cases predicted correctly 47/48 = 97.9%
Percent predicted by chance 48/67 = 71.6%
Improvement over chance = 7.5%

The results of the logistic regression are compiled in Table 33. Of the predictor variables proposed, only the independent variable appears to be on the threshold of significance, namely FDDC Completion (p=.050; odds ratio .26). All of the control variables, including employment status, drug related criminal history and having experienced a previous dependency case were found to be not significantly related to child welfare recidivism.

Accordingly, the hypothesis proposing that those that started FDDC but didn't complete the program would have more future contact with the child welfare system than FDDC graduates is rejected. There is not a statistically significant difference in recidivism rates when considering graduates and non-graduates from the FDDC.
Table 33: Regression Results

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp(B)</th>
<th>95% C.I.for EXP(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDDC COMPLETION</td>
<td>-1.330</td>
<td>.679</td>
<td>3.834</td>
<td>1</td>
<td>.050</td>
<td>.264</td>
<td>.070 1.001</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td>.353</td>
<td>.685</td>
<td>.265</td>
<td>1</td>
<td>.607</td>
<td>1.423</td>
<td>.371 5.454</td>
</tr>
<tr>
<td>DRUG RELATED CRIMINAL HISTORY</td>
<td>-.251</td>
<td>.613</td>
<td>.169</td>
<td>1</td>
<td>.681</td>
<td>.778</td>
<td>.234 2.583</td>
</tr>
<tr>
<td>PREVIOUS DEPENDENCY</td>
<td>.738</td>
<td>.603</td>
<td>1.500</td>
<td>1</td>
<td>.221</td>
<td>2.092</td>
<td>.642 6.818</td>
</tr>
<tr>
<td>Constant</td>
<td>.785</td>
<td>.608</td>
<td>1.670</td>
<td>1</td>
<td>.196</td>
<td>2.193</td>
<td></td>
</tr>
</tbody>
</table>

Child Welfare Recidivism: Summary of Hypotheses 4-7

Of the 196 participants included in this study, 81 were successfully reunified with their child(ren). The 81 reunified participants were utilized for hypotheses 4-7 to consider child welfare recidivism rates and how they are impacted by the type of court completed and by the status of completion. A summary of the results is listed in Table 34.

The fourth hypothesis included reunified participants who attended TDC and FDDC (irrespective of completion of the program or not) to determine if the type of court impacted child welfare recidivism rates. The independent variables (type of court) and all other variables explored were found to not be related to child welfare recidivism.
Table 34: Summary of Child Welfare Recidivism Results

<table>
<thead>
<tr>
<th>Hypothesis #</th>
<th>Hypothesis</th>
<th>Type of Test</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 REJECTED</td>
<td>OF THE INDIVIDUALS WHO WERE REUNIFIED, PARTICIPANTS WHO START IN FDDC WILL BE LESS LIKELY TO HAVE FUTURE CONTACT WITH CHILD WELFARE AGENCIES THAN PARTICIPANTS WHO START IN TDC</td>
<td>CHI-SQUARE</td>
<td>P=.453</td>
</tr>
<tr>
<td>5 REJECTED</td>
<td>OF THE INDIVIDUALS WHO WERE REUNIFIED, PARTICIPANTS WHO START IN BUT FAIL TO COMPLETE FDDC WILL BE LESS LIKELY TO HAVE FUTURE CONTACT WITH CHILD WELFARE AGENCIES THAN PARTICIPANTS WHO COMPLETED TDC</td>
<td>CHI-SQUARE</td>
<td>P=.853</td>
</tr>
<tr>
<td>6 REJECTED</td>
<td>OF THE INDIVIDUALS WHO WERE REUNIFIED, PARTICIPANTS WHO START IN AND COMPLETE FDDC WILL BE LESS LIKELY TO HAVE FUTURE CONTACT WITH CHILD WELFARE AGENCIES THAN PARTICIPANTS THAT COMPLETE TDC</td>
<td>CHI-SQUARE</td>
<td>P=.223</td>
</tr>
<tr>
<td>7 REJECTED</td>
<td>OF THE INDIVIDUALS WHO WERE REUNIFIED, PARTICIPANTS WHO START IN BUT FAIL TO COMPLETE FDDC WILL HAVE MORE FUTURE CONTACT WITH CHILD WELFARE AGENCIES THAN PARTICIPANTS WHO COMPLETE THE FDDC PROGRAM</td>
<td>LOGISTIC REGRESSION</td>
<td>P=.165 (model) P=.050 (FDDC COMP)</td>
</tr>
</tbody>
</table>

Key:  
FDDC – Family Dependency Drug Court  
TDC – Traditional Dependency Court  
TOC – Type of Court  
FDDC COMP – FDDC Completers versus Non-completers

The remaining hypotheses considered various combinations related to TDC, completing the FDDC and not completing FDDC, as they relate to child welfare recidivism rates. More specifically, the fifth hypothesis involved the FDDC participants that started but failed to complete the program and the TDC participants (all of whom
complete the program). With this analysis, there was no relationship found between the type of court and child welfare recidivism rates.

The sixth hypothesis removed FDDC non-completers from the analysis and looked at participants who completed the FDDC and participants that completed the TDC to determine if the type of court impacted the child welfare recidivism rates. The analysis for the sixth hypothesis also showed that there was not a statistically significant difference in the type of court and child welfare recidivism.

The seventh and final hypothesis involved only FDDC participants: those who completed the program versus those that did not complete the program. The results indicate that the participants that complete the FDDC are not less likely to experience child welfare recidivism than the participants that fail to complete the FDDC.
v. DISCUSSION AND CONCLUSION

Discussion
This study represents exploratory research designed to examine therapeutically driven Family Dependency Drug Court. It provides limited support for the effectiveness of the FDDCs therapeutic jurisprudence driven model's ability to impact the child welfare outcomes of family reunification and recidivism.

Child Welfare Reunification

In every dependency court across the nation, the goal is to safely and timely reunify families (Lietz & Hodge, 2011). In order for reunification to be realized, the families must modify those behaviors that resulted in their child/children not being safe in their care. Reunification is possible only when these safety issues, such as abusing drugs, have been resolved. Less time in foster care equates to tremendous savings and less trauma on the family unit.

Utilizing therapeutic jurisprudence theory, multiple combinations of three separate groups were analyzed to compare participants that received different amounts of therapeutic jurisprudence (amounts of treatment or different dosage rates) to determine if the amounts impacted reunification rates. The three groups were (1) FDDC participants who received the full dose of therapeutic jurisprudence by completing the program (FDDC completers), (2) FDDC participants who received a partial dose of therapeutic jurisprudence because they started but failed to complete the program (FDDC non-completers), and (3) TDC participants who received no therapeutic
jurisprudence, but rather experienced traditional jurisprudence (TDC completers). The statistical results of all analyses regarding reunification (hypotheses 1-3) can be found in Table 24 on page 90.

The following three groups were explored through a preliminary analysis to determine which combinations of the three were related: TDC completers, FDDC completers and FDDC non-completers. All three groups were considered to determine if there exists a statistically significant difference in their respective reunification rates. ANOVA results indicated that there was a difference among the three groups. Post hoc comparisons using Tukey procedures were used to determine which pairs of the three groups differed with respect to reunification rates. The analysis showed a difference in every pair except the participants that started and completed the TDC and the participants that started but failed to complete the FDDC.

The results imply that full exposure to therapeutic jurisprudence (FDDC completers) results in better reunification outcomes than no exposure (TDC participants) and partial exposure (FDDC non-completers). Also, being only partially exposed to therapeutic jurisprudence (FDDC non-completers) is likely no different than no exposure to therapeutic jurisprudence (TDC participants) as they relate to reunification rates. Hypotheses one through three explored in-depth the relationships found to be significant and included other important variables that may have impacted reunification rates.

The first hypothesis considered a combined FDDC group, including the FDDC completers and FDDC non-completers and compared it to participants who attended
and completed TDC and found that there is a statistically significant difference in rates of reunification. In addition to the type of court being related to reunification, it was also found that being employed at the time of entry into the program, being Hispanic, and not having a drug-related criminal history were significant variables related to having a better chance at reunification. The individuals who attended FDDC experienced higher rates of reunification, which lends support for therapeutic jurisprudence theory and the belief that treatment-based therapeutically-driven courts will have better outcomes for participants than the traditional adversarial dependency courts.

The impact of employment is not surprising given jobs provide financial resources that may reduce some of the burdens that could impact a successful outcome. Lack of money is frequently associated with transportation issues that impact the ability to access treatment, comply with random drug testing and attend court. Additionally, unemployment is also associated with financial instability issues, such as having to move frequently and inability to provide basic necessities such as food and clothing.

A non-drug related criminal history did not impact success in terms of reunification while a drug-related criminal history did. One explanation is that having a drug-related criminal history could be indicative of a more serious substance abuse problem. More serious substance abuse problems are more difficult to treat and can impact reunification rates. It is important to note that violent offenders are not eligible to participate in FDDC.
The finding that being Hispanic is related to reunification is inconclusive, given that only 17 (8.7%) of the participants were Hispanic. For statistical purposes, 2 participants that were coded as unknown were also collapsed into the Hispanic category.

The second hypothesis explored participants that started and completed the FDDC program and participants that started and completed TDC and found that the individuals who experienced the full benefits of therapeutic jurisprudence, had higher rates of reunification than individuals not exposed to therapeutic jurisprudence in the TDC setting. Having a drug-related criminal history was also found to be negatively related to reunification success. Other variables considered including employment status, having a criminal history and having a previous dependency case were not found to be significant.

The results from the first two hypotheses imply that the FDDC program addressed and met the client’s drug issues better than the TDC program. The clients were more likely to meet their case plan goals, which is required for reunification. Overall, it also appears that the FDDC program was more effective than the TDC program in providing aid to families to address barriers to reunification. The study did not identify which specific therapeutic components impacted client success. Furthermore, the factors that make the FDDC model more effective than the TDC to achieve the positive goals were not determined. The findings do support therapeutic jurisprudence theory and the idea that structuring a court as a therapeutically driven,
non-adversarial system results in positive reunification outcomes more so than a traditional, adversarial-based dependency system.

The third and final hypothesis addressed those FDDC clients who completed the program (FDDC completers) and those who do not (FDDC non-completers). It is imperative that we consider non-completers since they make up a large portion of the participants that start FDDC. At this time, studies estimate that from 34 to 73% of drug court clients are unsuccessful (Francis, 2011). This group is traditionally ignored in literature, yet benefits to partial exposure have been identified (Francis, 2011).

An Intention-To-Treat analysis framework was used to analyze the FDDC non-graduates versus graduates to determine reunification rate differences. This analysis also allowed for an exploration of the benefits of partial (non-graduates) versus full (graduates) exposure to therapeutic jurisprudence. There was no ability to control for and track the specific amount or dose of therapeutic jurisprudence each non-completer received. It was hypothesized that participants who start the FDDC program but do not graduate will have lower reunification rates than participants who graduate from the FDDC program.

Chi-square analysis revealed that graduation status (completers versus non-completers) from the FDDC had a statistically significant effect on reunification rates. The graduates experienced much higher rates of reunification compared to those that did not. Accordingly, any residual benefits to FDDC participation without completion do not extend to reunification. This supports the claim that the best way to realize child welfare success with regards to reunification is to complete the entire FDDC program.
Other variables were explored as part of a logistic regression model. These were: age, race, employment status at the beginning of the case, criminal histories, drug-related criminal history and having a previous dependency case. These variables were not found to be related to reunification rates when considering FDDC graduates versus non-graduates.

In support of the existing research that is available (Green et al., 2007; Boles et al., 2007; Carey et al., 2010a; Carey et al., 2010b; Worcel et al., 2008; Burrus et al., 2011) regarding Family Dependency Drug Courts, overall findings indicate that reunification rates are impacted by the type of dependency court that substance abusing parents attend. More specifically, substance abusing parents involved in dependency proceedings have a better chance of being reunified with their child(ren) if they attend Family Dependency Drug Court as opposed to attending Traditional Dependency Court.

While the preliminary analysis found that the individuals that experienced partial doses of therapeutic jurisprudence (FDDC non-completers) did not experience greater reunification success than individuals that experienced no therapeutic jurisprudence (TDC); subsequent analysis found that participants that received full therapeutic jurisprudence (FDDC completers) experienced higher rates of reunification than participants that only received a partial dose (FDDC non-completers). In order to experience the full benefits of therapeutic jurisprudence and have the highest chance at reunification, participants must complete the FDDC program.
Child Welfare Recidivism

The other primary child welfare goal of dependency court involves child welfare recidivism. Through active participation and case plan tasks, all dependency courts, including FDDC and the TDC, seek to aid the families in overcoming or mediating whatever issue(s) exist. The goal is to stabilize the family unit, so that all future threats to child safety will be resolved and that there will be no need for further intervention. Recidivism in the child welfare field signifies an important measure, as it represents an indicator of our ability, through positive interventions, to impact long term behaviors.

It is important to note that reunification rates, irrespective of the type of court, were overall very low for substance abusing parents. Of the original 196 participants subject to this study, only 81 (or 41.3%) were reunified with their children. The minor children of the other 115 participants (or 58.7%) no longer have their parent as an official caregiver. Instead, they are residing with relatives or friends of the family, being raised in the foster care system or they have been adopted.

Multiple research questions considered the three groups of reunified individuals, specifically FDDC completers (N=54), FDDC non-completers (N=13) and TDC completers (N=14) to determine if child welfare recidivism rates were different one year from reunification. The samples were small for the FDDC non-completers and the TDC completers due to the fact that the majority of the original sample of clients were not reunified with their children and, therefore, could not be utilized for child welfare recidivism measures. Of the original 70 FDDC non-completers, only 13 were reunified and of the original 64 TDC clients, only 14 were reunified with the child(ren). The
statistical results of all analyses regarding child welfare recidivism (hypotheses 4-7) can be found in Table 34 on page 107.

The fourth hypothesis considered a combined group of FDDC participants (completers and non-completers) and compared their child welfare recidivism rates to participants who started and completed the TDC program. Logistic regression found that a model that included the type of court, employment, drug-related criminal history, and having at least one previous dependency case could not predict child welfare recidivism. The individuals processed through FDDC were not more or less likely to have future contact with child welfare agencies than those processed through TDC. While the child welfare recidivism rates were not statistically significant when considering the type of court the participants started in, there was still a percentage difference worth noting. Participants that started in the FDDC experienced a 28% child welfare recidivism rate that equated to 19 out of 67 families coming back into the dependency system. Of the TDC participants, 43% (6 out of 14) of the families came back into the system. The next two hypotheses divided the FDDC group so that specific amounts of therapeutic jurisprudence could be analyzed.

The fifth hypothesis explored FDDC non-completers and TDC completers to determine if a partial amount of therapeutic jurisprudence would result in lower rates of child welfare recidivism than receiving no therapeutic jurisprudence. The sixth hypothesis considered FDDC completers and TDC completers to determine if full amounts of therapeutic jurisprudence resulted in less child welfare recidivism than no therapeutic jurisprudence. Chi-square analysis for both hypotheses indicated that there
was not a statistically significant relationship between child welfare recidivism and the type of court (level of therapeutic jurisprudence) the reunified participants attended.

The seventh and final hypothesis involved the reunified individuals who attended FDDC. It was predicted that the FDDC completers would have less future contact with the child welfare system than those who attended FDDC but failed to complete it. This Intention-to-Treat (ITT) analysis provided insight into the possible benefits of partial participation in a therapeutically driven court. Logistic regression found no significant difference in recidivism rates between those that completed and those who did not.

Even though the rates were not statistically significant when considering participants that completed the FDDC program compared to those participants that started the FDDC but did not complete the program, the findings (p=.05; odds ratio .26) indicate that the results were approaching significance at the .05 significance level. The participants that completed the FDDC had a 22% (12 out of 54) recidivism rate compared to the non-completers who experienced a 54% (7 out of 13) recidivism rate. Based on these percentages, the individuals that were successful in the FDDC were the least likely to come back into the child welfare system. A larger sample may have resulted in a statistically significant difference in the two groups, which would have supported the notion that full exposure to therapeutic jurisprudence offers the best chance at not coming back into the dependency system.

Overall, the small sample made it difficult to test child welfare recidivism rates among the three groups. This limited analysis failed to find any statistically significant differences in child welfare recidivism rates among the FDDC completers, the FDDC
non-completers, and the TDC participants. The results lend no conclusive support for the theory of therapeutic jurisprudence, in that the therapeutic doses received by the participants do not appear to impact child welfare recidivism rates. Even though the results failed to reach a statistically significant threshold, there are some indications that the therapeutically-based FDDC may be able to impact child welfare recidivism rates. This study does demonstrate the great need for additional informed research using large sample sizes and a universally accepted definition for child welfare.

**Theoretical & Policy Implications**

Within the child welfare system, there is an ongoing struggle to develop an appropriate and effective response to the substance abuse problems that result in a parent/caregiver abusing, neglecting and/or abandoning their child or children. Years of research have implied that courts structured utilizing therapeutic jurisprudence have better overall outcomes and appear to be a more cost effective way to process certain offenders. This study lends some support for therapeutic jurisprudence (FDDC) over the traditional court system (TDC).

As a theory, therapeutic jurisprudence appears to have merit, especially when explaining higher rates of reunification in those that experience it compared to traditional jurisprudence. Also, it appears that the more exposure one has to therapeutic jurisprudence, the greater chance they have at reunification. Efforts should be focused on increasing the completion rate of FDDC participants so that they can experience the full benefits of exposure to therapeutic jurisprudence.
Unfortunately, therapeutic jurisprudence theory has been over utilized to explain a wide variety of social and interpersonal issues ranging from homelessness to drug courts (Stinchcomb, 2010) and, therefore, lacks universally agreed upon main theoretical concepts and principles. This lack of theoretical coherence (Mackenzie, 2008) has been problematic for use as a guiding theory for several public health issues, but not for the drug court setting.

In the specialized, treatment-based drug court system (including FDDC), therapeutic jurisprudence theory does have identified concepts that distinguish it from a court practice and allow for empirical testing to be performed. The presence of certain processes and procedure differentiates a court that practices under traditional jurisprudence from one that operates under the therapeutic jurisprudence label. Family Dependency Drug Courts that operate using the core practices of increased judicial supervision and frequent court monitoring, the presence of a therapeutic team in a non-adversarial setting, intensive drug treatment and random drug testing, a system of sanctions and rewards and the increased availability of ancillary services should identify it as a court functioning with therapeutic jurisprudence.

Acceptance of these core tenets as the basis of therapeutic jurisprudence theory in the drug court setting will allow for additional empirical testing and advancement of therapeutic jurisprudence as a guiding theory with explanatory power over Family Dependency Drug Courts and other specialized treatment-based courts. Research is needed to determine if courts structured with similar therapeutic processes and procedures have the capacity to consistently and positively impact the clients served.
therein. Efforts should also be focused on building empirical knowledge about why therapeutic jurisprudence appears to result in better outcomes for the participants experiencing it.

Should future research support therapeutic jurisprudence, then the programs subject to this study could be considered for expansion and other therapeutic, treatment-based courts could be explored. At this time, Family Dependency Drug Courts are not available in every county in Florida, leaving the Traditional Dependency Court to contend with substance abuse problems. In addition to FDDC, the drug court model has been expanded into Driving Under the Influence (DUI) Courts and Mental Health Courts. Individual therapeutic components found in the FDDC and these other treatment-based courts could be considered for their respective applicability in other courts. For example, another particularly challenging group to rehabilitate is the sex offender population. The criminal justice system has been managing these offenders in a traditional criminal justice setting, as opposed to a therapeutic environment.

Additionally, should future FDDC research show positive outcomes, studies could assist with obtaining additional funding to expand the number of clients that can be served. Empirically proven success in this setting may also be used to obtain community and professional support. Since programs such as FDDC operate within a community, obtaining support from other entities in the community such as schools, employment programs, mental health agencies, etc. can only serve to enhance the resources available to the dependency court participants.
In this study, it appears that employment had a significant impact on success in the program. This finding is important for practitioners that serve dependency court participants as it indicates emphasis should be placed on employment aid and assistance.

The FDDC programs are not available for all eligible parents. Previous studies found that eligible individuals do not always have the FDDC as an option due to limited program capacity or lack of appropriate referrals (Huddleston & Marlowe, 2011). This study found there are many reasons the program was not available to all eligible parents, each of which need to be addressed individually.

In Orange County, as previously noted, there appears to be some reluctance on the part of defense attorneys to recommend FDDC over TDC. This could be, in part, due to the current method defense attorneys are compensated. If the fee structure does impact the attorney’s decision to recommend the program, then this needs to be addressed to remove the barrier.

There is also a possibility that courtroom players, including judges, state attorneys and defense attorneys are not aware of the positive aspects and potential of the programs to actually help their clients. Because the FDDC require more court appearances, the entire courtroom workgroup is obligated to report to court more frequently. This additional judicial burden accompanied by the lack of information about the benefits of the FDDC program, may explain a reluctance to recommend this specialized court. Accordingly, educating and communicating with all courtroom players
(especially the defense attorneys) about the FDDC program may increase the volume of parents that are ultimately processed through this system.

The voluntary component commonly found with specialized treatment based courts should also be addressed in favor of mandatory participation. As research has generally been supportive of compulsory treatment programs for drug abusers (Young, Fluellen, & Belenko, 2004), this too should be considered a mandatory process for all substance abusing parents involved with the child welfare system. While the initial investment and costs may be high, long term savings should be realized over time. Based on several previous studies and the limited evidence of this study, if all eligible parents are processed through the FDDC program as opposed to traditional dependency court, overall child welfare outcomes may ultimately be much better.

Should the voluntary component not be changed, at a minimum, the issues associated with the decision not to attend the program should be addressed on a case by case basis, so that the individual barriers to participation can be removed. For example, if a participant decides not to attend FDDC because there are frequent hearings and they have no transportation, then bus passes should be considered to help the client to make hearings, comply with random drug testing, and to attend drug treatment appointments. Finally, considering the finding that the completers of the FDDC program experience much higher rates of success than the non-completers, barriers that exist that interfere with a participant’s ability to complete the program should also be addressed.
Limitations

There are several study limitations. Among these are limitations associated with the research design, internal validity, generalizability, external validity and data limitations.

Research Design & Internal Validity

This study utilized a quasi-experimental design with non-equivalent groups. With the inability to randomly assign the participants, there is a possibility that differences between the groups (FDDC participants versus TDC participants) can be attributed to either the program (type of court) or selection differences between the groups (Cook & Campbell, 1979). As with virtually all studies with this research design, internal validity issues such as selection threats are possible. A selection threat is any factor (other than the type of court) that may lead to differences between the groups that could explain outcomes.

Selection threats are pervasive in quasi-experimental research (Cook & Campbell, 1979) and how groups are chosen may cause selection biases. The participants in both the FDDC and TDC were fairly equal in terms of basic information (age, gender, race and employment) and some historical information (criminal history, drug-related criminal history, and previous dependency case). All participants also met the criteria to attend FDDC. Beyond these measures, there was no ability to control the groups in order to equalize them.

The selection bias is present given the participant’s voluntarily choose what program they attend. Many factors could explain why participants’ self-selected one
program over the other. Potential reasons include the following: the defense attorney’s recommendation, transportation issues, and the motivation and commitment to change. Irrespective of the court they chose, all participants will be mandated to complete drug treatment and case plan tasks.

Volunteering to attend the FDDC is an agreement to attend frequent court hearings, experience increased accountability from treatment providers who are present in court, and subject one’s self to sanctions (and incentives) that depend on program progress. This commitment involves a high level of motivation on the part of the participant. An agreement to attend the FDDC may indicate a strong desire to change, a positive attitude, and a willingness to abstain from future drug use. As motivation has been found to be related to offender success in the drug court setting (Wiener, Winick, Georges, & Castro, 2010), these differences in motivation may explain the high reunification rates that were found in this study.

The selection bias extends beyond the voluntary component to other possible differences between the participants in each group. It is not only possible, but probable that the participants in each court have unique histories, challenges and different peripheral support systems – all of which may impact success. For example, many participants have challenges well beyond drug use. Other challenges that participants may face and contend with in the dependency system include mental health issues, cognitive and physical disabilities, anger control issues, teenage parenthood, fiscal irresponsibility, instability issues, domestic violence, and sexual abuse. Having one or more of these confounding issues could impact a participant’s likelihood of success in
whichever program they attended. In-depth information related to each participant was not available for this study.

Some participants may have only substance abuse treatment as a single case plan task while other participants may have extensive case plan tasks based upon multiple issues that affect their ability to safely parent their children. Even considering that all participants had a substance abuse issue doesn’t imply that the FDDC and TDC participants are matched, as drug problems vary from person to person. For example, a young parent that is addicted to marijuana represents a different dependency court challenge than an older parent that has been addicted to heroin for twenty years.

All of these factors represent possible variables that may explain why the type of court and FDDC program completion are correlated with reunification. With that said, there was no evidence in this study that these differences did not extend equally to both groups. Even so, the correlations found with this study do little to rule out alternative explanations, meaning that the relationships may not be causal at all but rather due to a third variable (Shadish, Cook, & Campbell, 2002).

**Generalizability & External Validity**

External validity encompasses generalizing to target persons (other FDDC participants), settings (other FDDCs) and times (Cook & Campbell, 1979). This study has several issues related to generalizability to other Family Dependency Drug Courts and their participants. While many of the FDDCs in the United States operate using the same basic structure and well-researched drug court model, there are still concerns that
these results may not be applicable to other Family Dependency Drug Courts in
different areas, with different participants and at different times.

*Generalizability to other people*

The results of this study may not be generalizable to other FDDC participants for
several reasons. Some FDDCs don’t have a voluntary component and instead make
attendance mandatory. As previously noted, individuals who are forced to participate in
a program may be markedly different than the FDDC participants in this study who
participated on a voluntary basis.

Also worth noting is the fact that people in different geographic areas may
contend with different drug addiction problems based on what drugs are prevalent in
that given area. The drug an individual is addicted to can impact his or her chances of
success in substance abuse treatment (Luchansky, Krupski, & Stark, 2007). It could
also be problematic to attempt to generalize to areas that face very different drug
addiction problems than the participants face in Orange and Volusia counties. In
counties with voluntary enrollment in FDDC and similar drug addiction challenges, the
findings would be generalizable.

*Generalizability to other times*

It is important to note that both the Orange County and Volusia County FDDC
programs were in their infancy stages of development when the data was collected.
When the programs initially began, the courtroom personnel, treatment providers, and
both the defense and state attorneys were inexperienced with the family dependency
drug court model. The new model created a learning curve for both programs. It is
possible that more recent participants experienced different outcomes as the program personnel perfected their roles and operation of the systems.

Over time, the programs have become more stable in terms of personnel and treatment providers. These same individuals that are responsible for the program are also more experienced with the processes and procedures found in FDDC. Courtroom players have developed team based working relationships, which may have benefitted the more recent FDDC participants as well. Therefore, given the new program model, lack of program staff experience and other factors associated with implementing and operating a new program, it is possible that outcomes may have been influenced over time as the programs matured.

Generalizability to other programs

Family Dependency Drug Courts are not standardized and highly variable from one jurisdiction to another (Goode, 2012). Even if they follow the same basic model, they can choose to operate in different ways. The criteria for entry into the FDDC are comparable for the two programs involved with this study, but other programs can choose different criteria. Program length and the frequency of court attendance can also vary a great deal from jurisdiction to jurisdiction.

Each Family Dependency Drug Court operates within a different community. It is assumed that all dependency participants, FDDC and TDC attendees alike, have access to drug treatment in a community that offers FDDC as an option. However, most families in the dependency court system have to contend with other issues as well. Parents are often ordered to complete several case plan tasks, including but not limited
to, parenting classes, anger management classes, domestic violence assessments, psychological evaluations, counseling, etc. Consequently, FDDC and TDC participants have to rely on many resources and service providers within the community setting. Every county has their unique set of service providers, the quality of which could vary tremendously. Communities that have a wide range of accessible services and strong peripheral supports (such as a good public transportation system) have more to offer than communities that have limited services to meet the substantial needs of families.

One of the major issues that participants contend with is the issue of stability. Stability usually involves fiscal problems and irresponsibility and translates into a lack of food and shelter for a family. If a county has strong supports, such as work programs, a good subsidized housing program, and private agencies that lend aid and support to financially struggling families, participants may have more opportunity to succeed.

Because Family Dependency Drug Courts in other areas may be structured differently than the objects of this study and every county has different providers and services, these results may not be generalizable to other FDDCs. In areas with similar program structures and comparable services and providers, the results would be generalizable.

Secondary Data Limitations

In regards to data limitations, any statistical analysis is only as accurate as the data that is provided. Here, there was no viable method to confirm the raw data validity or quality. Given the sensitive limitations whereby minor children are an integral part of
the dependency proceedings, procedural safeguards were instituted. These required total reliance on drug court program managers, dependency court and treatment team personnel to provide the data. The data type availability shaped the study because certain indicators that may have relevance were not available.

**Implications for Future Research**

In addition to the importance of child welfare outcomes, it is imperative to explore the capacity of programs such as FDDC to make positive short term and long term changes relative to substance use. Treatment outcomes include, but are not limited to, completing treatment program(s), abstinence from drugs and/or alcohol, and participation in aftercare programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Longer term substance abuse indicators include arrests for drug related crimes, relapse, and having a new dependency case involving substance abuse.

Additional variables should also be considered to determine their association with positive outcomes in this setting. The specific child maltreatments present that precipitated involvement in the dependency system could greatly impact child welfare outcomes. For example, a drug addicted parent that physically injures his child (one maltreatment code) versus inadequately supervises them (another maltreatment code) could have more difficulty reunifying with their child. Other variables that should be explored include the type of drug the parent is addicted to and previous treatment experiences. Some substances, namely cocaine/stimulants, have been found to impact drug treatment completion (Hickert, Boyle, & Tollefson, 2009).
Family dynamics should also be considered in future research, such as the presence of family violence, support systems for the family unit, the number of children and children with special needs. Finally, the impact of mental health disorders and childhood abuse and/or neglect with regards to the participant parent would be beneficial as so many clients experience these confounding issues. Mental health issues, such as depression, have been identified as impacting drug court completion (Hickert et al., 2009).

Courts that operate utilizing therapeutic jurisprudence have many processes and procedures that are different from a traditional court. Of those therapeutic processes and procedures, it is important to determine what specific therapeutic components impact the success of participants. More specifically, the impact of judicial supervision, availability of ancillary services, and the sanction and reward system should all be explored in future studies. Future research focusing on the contributions of therapeutic jurisprudence in explaining drug court effectiveness and other specialty courts (Shaffer, 2011) would be useful in advancing therapeutic jurisprudence as a viable theory.

It is clear that there is a need for rigorous, randomized research to more completely explore the effectiveness of FDDC. Randomized trials would minimize internal validity issues and assist with discounting other variables as possibly impacting outcomes. Future studies should utilize large sample sizes in multiple geographic areas and should rely on random assignment to groups as opposed to volunteer assignment. They should also address differences in program processes and procedures and how said variances impact outcomes. Lesser understood, but important child welfare
measures need to be considered, such as child welfare recidivism. Efforts should be directed towards developing an empirically supported FDDC model that can be duplicated in courts addressing clients with comparable concerns.

**Conclusion**

Substance abusing parents in the dependency court system find that they are not only battling addiction, but also having to make critical life changes that would enable them to safely parent their child(ren). These parents pose a particularly difficult challenge to the traditional adversarial dependency system that does not focus on therapeutic jurisprudence. Family Dependency Drug Courts have responded to this dilemma by offering a therapeutic environment that has been widely supported in other research on similar treatment based courts such as adult drug court.

This research was designed as preliminary and exploratory. The findings, in agreement with initial research on Family Dependency Drug Courts, indicate that those who attend FDDC experience higher rates of reunification than individuals who attend TDC. Considering the non-random research design utilized in this study, while it appears that reunification was impacted by the type of court and level of therapeutic jurisprudence, this connection could also be explained by other variables, such as differences in motivation, not considered in this study. The need for additional research utilizing a random research design is needed to fully understand the nexus between the different types of dependency court, different levels of therapeutic jurisprudence and child welfare measures.
Other noted findings include the positive impact of employment on reunification and the negative impact of having a drug-related criminal history on reunification rates. Enhancement of employment aid and services represents a critical area in dependency court in need of additional attention and resources. Participants that have a drug-related criminal history appear to have additional complications that may warrant supplementary interventions and/or services within the dependency court system.

There is no evidence that Therapeutic Jurisprudence is not effective and some evidence that it might work as an evolving theory with explanatory power. With the noted limitations in mind, study results indicate that participants who completed the FDDC program (received the full dose of therapeutic jurisprudence) were more likely to be reunified with their child(ren) than participants who failed to complete the program (received only a partial dose of therapeutic jurisprudence) and participants who attended TDC (no therapeutic jurisprudence). As a theory, therapeutic jurisprudence suggests that the specific structure, procedural processes and the roles of the courtroom team that comprise the FDDC should produce better results for the participants than the adversarial-based TDC. In this study, Traditional Dependency Court was found to be not as effective at reaching the permanency goal of reunifying families.

The outcome of child welfare recidivism was also explored in this study to determine if there was a relationship between the type of court (and level of therapeutic jurisprudence) and the likelihood of the families coming back into the dependency system within one year from case closure. While the relationship was not statistically
significant, there were notable differences in the recidivism rates and indications that the participants who completed the FDDC were less likely to have future contact with the child welfare system. The noted limitations in this study make this connection unclear and further indicate and justify the need for future research.

The failure to adequately rehabilitate drug addicted parents in the dependency system equates to children growing up in a foster care system or being repeatedly exposed to abuse and neglect caused by their substance abusing parent. Success in the dependency court setting translates to more children being safely reunified with their parents with less chance of the family unit coming back into the child welfare system.
APPENDIX: IRB APPROVAL LETTER
Notice of Exempt Review Status

From: UCF Institutional Review Board
FWA0000351, Exp. 10/31/11, IRB0000138

To: Elizabeth Lindsey-Mowery

Date: June 02, 2009

IRB Number: SBE-08-11606

Study Title: Family Dependency Drug Courts: An Empirical Test of Therapeutic Jurisprudence

Dear Researcher:

Your research protocol was reviewed by the IRB Vice-chair on 6/2/2009. Per federal regulations, 45 CFR 46.101, your study has been determined to be minimal risk for human subjects and exempt from 45 CFR 46 federal regulations and further IRB review or renewal unless you later wish to add the use of identifiers or change the protocol procedures in a way that might increase risk to participants. Before making any changes to your study, call the IRB office to discuss the changes. A change which incorporates the use of identifiers may mean the study is no longer exempt, thus requiring the submission of a new application to change the classification to expedited if the risk is still minimal. Please submit the Termination/Final Report form when the study has been completed.

All forms may be completed and submitted online at https://iris.research.ucf.edu.

The category for which exempt status has been determined for this protocol is as follows:

4. Research involving the collection or study of existing data, documents, records, pathological specimens or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. ("Existing" means already collected and/or stored before your study starts, not that collection will occur as part of routine care.)

All data, which may include signed consent form documents, must be retained in a locked file cabinet for a minimum of three years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained on a password-protected computer if electronic information is used. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

On behalf of Tracy Dietz, Ph.D., UCF IRB Chair, this letter is signed by:

Signature applied by Janice Turchin on 06/02/2009 01:38:50 PM EDT

IRB Coordinator
REFERENCES


American University (2010). Summary of Drug Court Activity by State and County: Juvenile/Family Drug Courts, BJA Drug Court Clearinghouse Project. Washington, D.C.


IBM Statistical Package for the Social Sciences Statistics (Version 19) [Computer software]. Chicago, IL: IBM.


Kralstein, D., (2010). *The impact on drug use and other psychosocial outcomes: Results from NIJ's multisite adult drug court evaluation*. Presentation at the 16th Annual Training Conference of the National Association of Drug Court Professionals, Boston, MA.


National Drug Court Institute and Center for Substance Abuse Treatment. (December 2004). Family dependency treatment courts: Addressing child abuse and neglect cases using the drug court model.

National Institute on Drug Abuse. (December 2006.) Costs to society from drug abuse. (NIDA InfoFacts – available at www.drugabuse.gov)


