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Parents' Perspectives of the Effectiveness of Family Treatment Court

Stacy Marie Gretz
Walden University

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Walden University

College of Psychology and Community Services

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Stacy Marie Gretz

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Review Committee

Dr. Tony Gaskew, Committee Chairperson,
Criminal Justice Faculty

Dr. David DiBari, Committee Member,
Criminal Justice Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Parents' Perspectives of the Effectiveness of Family Treatment Court

by

Stacy Marie Gretz

MA, Ferris State University, 2011

BS, Ferris State University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social and Behavioral Science

Criminal Justice

Walden University

November 2023

Abstract

This study addressed a research gap arising from the increasing prevalence of drug use and the social challenges faced by families affected by parental substance abuse. This mixed methods study explored the perceptions of parents who had participated in family treatment court (FTC) regarding the program's challenges, barriers, and effectiveness. Family systems theory provided the framework for the study. Questionnaire and survey data were collected from 7 parents who had been through FTC within the past 3 years. Results indicated substantial support for FCTs, and participants held positive views about the program's impact on their lives. Challenges included the time commitment required by FCT each week and the emotional toll it could exact. Participants also cited the frequency of drug screening as a barrier, along with interpersonal challenges related to their interactions with the judge. Findings may contribute to the long-term success of FCTs in helping families overcome substance abuse challenges and promoting positive outcomes for parents, children, families, and communities.

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Dedication

To my family, whose unwavering love, support, and encouragement have been my anchor throughout this journey. Your belief in me has fueled my determination and sustained my spirit. This accomplishment is as much yours as it is mine.

In memory of those who are no longer with us, whose wisdom and guidance shaped my path and whose presence I carry in my heart as I take each step forward.

To my dedicated ladies, who not only shared their knowledge and insights but also offered their invaluable assistance throughout the course of this research. Your collective expertise and willingness to collaborate have been instrumental in shaping the quality of this dissertation. The countless hours spent brainstorming, problem solving, and discussing ideas have truly enriched the depth of my work.

And to all those who strive for knowledge, growth, and positive change, may this dissertation contribute to our collective pursuit of a brighter and more enlightened future.

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I am indebted to the participants who generously shared their time, experiences, and insights, without which this research would not have been possible. Your willingness to contribute to this study is deeply appreciated, and your voices have added depth and authenticity to this work.

I am grateful to Walden University for providing the resources, facilities, and intellectual environment that fostered my growth as a scholar. The library staff, research assistants, and administrative personnel have been incredibly helpful and accommodating.

In conclusion, I am humbled and honored by the collective efforts that have contributed to this accomplishment. This work is not just my own, but a collaborative effort of the many individuals who believed in me and supported me along the way.

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Chapter 1: Introduction to the Study

The family treatment court (FTC) was created to aid families involved with the child welfare system (Michigan Government, 2019). The first FTC was established in 1994 in Reno, Nevada (Michigan Government, 2019). FTCs gained popularity and were adopted in England, Australia, and Northern Ireland (Fessinger et al., 2020). FTCs were used to help families with cases in family court when a child had been removed from one or both parents' homes. These cases involved court proceedings before a judge, making this type of court involvement unique to the program. To be considered for FTC, parents needed to have had their children removed due to substance use, specifically a diagnosed substance abuse disorder (Drug Treatment Court, 2023).

Various courts related to family and treatment were established across the United States over the years, each with its own name. Despite the different names, these courts followed a similar framework and had a common purpose. These names included family dependency treatment court, family treatment drug court, and family drug treatment court (Tabashneck, 2018). Michigan chose to use FTC, which was the term used in the current study.

In Chapter 1, I provide the background of FTCs. The problem statement, purpose of the study, and research question are discussed. A brief description of the theoretical framework and the nature of the study are provided. Definitions are addressed to clarify key concepts. I also provide the assumptions, scope and delimitations, limitations, and the significance of the study.

Background

FTCs were established following the success of drug courts. Drug courts came into existence in the early 1980s, with the first one found in South Florida (Henry, 2018). Drug courts were introduced in response to the increasing congestion of court dockets due to drug-related cases. Drug courts aimed to prevent overcrowding in jails and prisons while providing individuals with the necessary aid. Drug courts employed a problem-solving approach that treated drug use as a disorder and focused on getting participants into treatment. Most offenders with low-level offenses were offered probation instead of jail time if they agreed to take part in drug court. During probation, offenders had to use the available services and abstain from substance use. Random drug tests were conducted by both the court and probation officers, and violating the program terms led to probation violations (Henry, 2018).

The most significant distinction between drug courts and treatment courts lies in their purpose. Drug courts are offered to offenders as an alternative to jail time and are often part of a plea bargain. Drug courts do not include a family part and focus on addressing substance use disorders (SUDs). In contrast, FTCs are integrated within child welfare systems and serve as a tool for assisting parents in their recovery from SUDs and facilitating reunification with their children (Williams & Duncan, 2019).

According to Gallagher (2022), there had been previous studies on FTCs, but most of them had been quantitative. Qualitative research on this subject was rare, highlighting a research gap. One of the deficiencies in the literature was the lack of a

qualitative approach that involved engaging with individuals who had experienced the program, rather than measuring outcomes (see Gallagher, 2022).

Problem Statement

The issue that prompted my literature search was the high number of children placed outside of their homes due to substance abuse. In 2018, there were 3.53 million children involved with Child Protective Services in the United States due to maltreatment (USA Facts, 2021). In 2020, 470,297 children were removed from their parental homes due to maltreatment (American SPCC, 2020). One contributing factor to maltreatment was the substance use by parents, which affected their ability to care for their children (U.S. Department of Health and Human Services, 2022). This marked a 5% increase from the previous year and marked the sixth consecutive year this number had grown. In the context of child welfare, there was a concerning issue about the number of children subjected to maltreatment due to parental substance abuse, despite the efforts of the welfare system (Freisthler et al., 2021). One of the resources available within child welfare was FTCs. Currently, nine family treatment courts in Michigan aim to assist parents in gaining control over their substance abuse and living a substance-free lifestyle (Courts.michigan.gov, 2022).

Another issue that could arise from a child being exposed to parental substance abuse is trauma. Trauma is prevalent among children in the child welfare system. Jankowski et al. (2022), found that 85% of children in the child welfare system had been diagnosed with trauma. This trauma resulted from experiencing abuse or neglect by their parental figures. Childhood trauma has been linked to poor brain development, reduced

cognitive and academic functioning, suppressed social and emotional development, and an increased risk of psychiatric disorders throughout childhood and into adulthood (Jankowski et al., 2022).

In 2021, 606,031 children were removed from their parental homes due to maltreatment (American SPCC, 2023). This was 135,734 more children than in 2020. This showed a large increase, and the matter is getting worse. This is why research on how to keep these children in their homes and with their parents is important. When it comes to addressing substance abuse and children being removed from the home, there was a research gap arising from the increasing prevalence of drug use and the social challenges faced by families affected by parental substance abuse. The current study aimed to fill this gap by providing insight into the FTC program by exploring the perspectives of participants and looking at ways to improve the program to fit the needs of the parents who need the resources and help.

Purpose of the Study

The purpose of this mixed-methods study was to gain a deeper understanding of the perceptions of parents who had participated in FTC regarding the challenges, barriers, and effectiveness of the program. The management of FTC involves various resources aimed at assisting parents in maintaining a substance-free lifestyle. These resources include but are not limited to court personnel, Department of Health and Human Services private foster care agencies, substance abuse counseling, medication administered by a substance-abuse-trained physician, recovery coaches, sponsors, alcoholics anonymous and narcotics anonymous support groups, parenting support and intervention programs,

housing assistance, employment support, childcare services, educational opportunities for children and parents, empowerment classes, and anger management programs. Although these are among the most used resources, the program is tailored to the individual parent, and this list is not exhaustive. The central focus of the current study was to show how FTCs can use the feedback from participants to improve the program and tailor it to what the participants need/want from the program to get sober and continue a drug-free lifestyle. The use of FTC was the dependent variable, and the independent variable was the sobriety of participants.

Research Question

This study was guided by the following research question: What are the perceptions of parents who participated in family treatment court regarding the program's challenges, barriers, and effectiveness? The null hypothesis for this study was that the participants who used the resources available to them through FTC were more likely to continue their substance-free lifestyle. The alternative hypothesis for this study was that if the participant graduated but did not use the resources available to them, they would not be able to maintain a substance-free lifestyle after their children were returned to their care.

Theoretical Foundation

The theories and concepts that underpinned this study included Bowen and Kerr's (1988) family systems theory. According to Watson (2012), family systems theory revolves around the relationships between family members. Family systems theory works with eight distinct stages of the mind that a person can go through, all of which can be

related to substance use and recovery. These eight stages encompass differentiation of self, triangles, nuclear family emotional system, family projection process, emotional cutoff, multigenerational transmission process, sibling position, and societal regression (Haefner, 2014). According to Bowen (as cited in Erdem & Safi, 2018), discussed how a family exists and how chronic dysfunction can disrupt the family system. This theory was applied in the current study to examine the family system before and after treatment court involvement, focusing on the bonds and relationships within the family after completing treatment court. One way to assess dysfunction was by examining the involvement or removals by Child Protective Services since the family's participation in family treatment court.

Pratt and Skelton (2018) asserted that family systems theory views families as complex and interacting systems. To understand the family, one needs to understand the functioning of the family and how it integrates into society. Family systems theory is based on the interactions and roles within the family, including the parent-child relationship. The theory explores how the interaction between the parent and child sets the tone for the entire family system. One can imagine how family system dynamics change or are disrupted when a parent has a substance abuse disorder. In such cases, roles might be reversed, throwing the entire family system off balance. FTCs help families by providing services to reestablish roles and improve the overall functioning of the system while mending the parent-child relationship.

Nature of Study

To address the research question in this mixed-methods study, I collected qualitative data through written questionnaires. The research design also consisted of surveys that were sent to the participants that satisfied the quantitative part of the mixed-methods study. Questionnaires and surveys were used to investigate the how and why aspects of the research. In this research, the focus was on understanding how the treatment court ran and why it may or may not have been effective (see Jain, 2021). Participation in FTC served as the dependent variable, and the independent variables were the resources available to the participants through the FTC program.

The participants were parents who had been through a FTC within the past 3 years. These were parents of children who had been placed outside the family home due to substance abuse and had taken part in a FTC program. All participants were recruited without the requirement of program graduation. All individuals who had undergone a FTC process were eligible for recruitment, resulting in a total of 18 participants. The recruitment process involved sending letters to their participants' last known addresses. This information was obtained through a treatment court gatekeeper.

The importance of this data collection was its rarity because research on FTCs had been quantitative only. Most research on FTCs focused on quantitative data to assess program effectiveness (Gallagher et al., 2021). Qualitative research was intended to provide a deeper understanding of the program's functioning and its impact on participants. The quantitative data were measured and put into tables to show the outcomes of the survey. The qualitative data were broken down into each question, listing

themes and pointed out similarities and discrepancies of the questionnaire data. All data were compiled to give the results.

Definitions

Child Protective Services: A branch of the state's department of health and human services that handles the assessment, investigation, and intervention regarding cases of child abuse and neglect, including sexual abuse (What Is Child Protective Services, 2022).

Child reunification: When a child is returned home by child services after the situation of removal has been rectified (What Is Family Reunification and Why Does It Come First, 2021).

Family treatment courts: FTCs use a multidisciplinary, collaborative approach to serve parents and families who work with the child welfare system due to parental substance use disorders (Child Welfare Information Gateway, 2019)

Foster care: A temporary living situation for children whose parents cannot take care of them and whose need for care has come to the attention of child welfare agency staff. While in foster care, children may live with relatives, with foster families, or in group facilities (Children in Foster Care | KIDS COUNT Data Center, 2022).

Maltreatment of children: Physical abuse, sexual abuse, emotional abuse, and neglect resulting from a parent's behavior and actions (McTavish et al., 2020).

Substance addiction: Also called substance use disorder, a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication (Mayo Clinic, 2021)

Assumptions

The purpose of this mixed-methods study was to gain a deeper understanding of the perceptions of parents who had participated in FTC regarding the challenges, barriers, and effectiveness of the program. I assumed through other research that quantitative studies have limitations related to generalizability (Price & Murnan, 2004) and external validity. This was primarily due to the limited number of parents I had access to for surveys. Although every eligible individual in the group was contacted, there was no guarantee that all of them would respond. Additionally, some parents remained unreachable, having gone off the grid due to their inability to keep a sober lifestyle. Zhang et al. (2019) looked at 17 studies from 2014 and 2018 and found that out of 3,683 families taking part in family treatment court, 3,402 were reunited. This is a high number when looking at the raw data of whether treatment courts are effective. In my study, assumptions were important because they were able to point me in a direction to possibly confirm Zhang et al.'s finding.

Scope and Delimitations

This study was conducted at one of Michigan's nine FCTs. Despite the court's 16-year history, the study focused on parents from the previous 3 years. This limited scope was a result of a program overhaul with the appointment of a new coordinator. In my opinion, due to these changes, the perspectives of parents who had taken part before the overhaul, while still valuable, may not have reflected current concerns within the program. Several individuals had completed the program multiple times, under the old and new coordinators. Their experiences were used for my research, and they were asked

to respond to questions related to their most recent participation. Both men and women can take part in treatment court in this county, and interviews were conducted with all genders.

Limitations

The biggest limitation was the number of participants who were available to participate in the study. The FTC was used as a smaller court in a smaller county. This study was also done after the COVID-19 pandemic, which lowered the numbers of participants who were in the program during the pandemic. In terms of internal validity, limitations were associated with the instruments used for interviews and data recording. Although I had the best intentions and made every effort to ensure the highest standards of data collection, there was always the potential for human error. Additionally, questions arose about the reliability of the questionnaires, which relied on the honesty of the parents. Another potential limitation was my previous role as a Child Protective Services worker. This background could have introduced subjectivity when interacting with parents because many of them were familiar with my professional background. This familiarity might have influenced their responses, potentially introducing bias into the study. To mitigate this issue, I made it clear in the informed consent process that the primary goal of this study was to aid future FTC parents in achieving a substance-free lifestyle.

Significance

This study was significant due to the increase in drug use and the social harm experienced by families affected by incarceration, which led to the establishment of FTCs

in various states. Treatment courts were designed to divert parents from incarceration while supplying necessary services within a court setting (Gordon, 2018). Approximately 3,848 FTCs are operational throughout the United States (National Drug Court Resource Center, 2021). The primary goal is to address drug use among parents, preserve family units, and keep children in their parental homes (Barnett, 2021). These treatment courts offer substance addiction treatment, intensive judicial monitoring, repeated drug testing, mental health counseling, medications, rehabilitation services, incentives or sanctions, and case management. These measures are aimed at one overarching goal: helping parents achieve a substance-free lifestyle.

Substance abuse imposes a burden not only on families but also on communities, particularly in financial terms. Individuals struggling with substance abuse have medical disorders that need medical treatment, therapy, and rehabilitation. To ensure individuals receive the necessary treatment, government assistance is often needed. This places a financial strain on the community due to the costs associated with individualized treatment. Moreover, substance abuse often leads to other health issues that need additional medical attention and resources, some of which would not have arisen if the person had not been using substances. These illnesses can create financial stress for families, communities, and society. Substance abuse can also impair an individual's ability to socialize, find employment, and care for their children, further exacerbating the financial burden on the community, which has to provide shelter, food, clothing, and support for children placed outside the home (Harwin et al., 2019).

The U.S. government recognized the significant financial burden posed by the nation's drug problem. In 2011, the Obama administration requested a 20-million-dollar, 40% increase in funding for treatment programs as an alternative to incarceration (Lukowitsky et al., 2021). This additional funding was used to better train criminal justice professionals, including probation officers and judges, to connect clients with treatment programs such as treatment courts. In September 2022, the Biden administration awarded \$1.5 billion for all states and territories to address addiction and the opioid crisis and \$104 million to expand substance use treatment and prevention in rural communities to beat the overdose epidemic. (The White House, 2022). Treatment courts play a crucial role in relieving the burdens on families and, in the long term, alleviate the burdens on the community.

Summary

FTCs play a crucial role in aiding individuals with a substance abuse disorder in achieving sobriety, maintaining a substance-free lifestyle, and reuniting with their children. Numerous studies in the court system had demonstrated the effectiveness of programs such as FTC in supporting sobriety. However, I aimed to delve deeper, looking to understand not only whether the program worked but also why it worked. To achieve this, I recruited previous and present participants of the FTC program, posing questions about their experiences, failures, and suggestions for how the court system could have better equipped them. Chapter 1 supplied an overview of the significance of FTC, emphasizing its importance in addressing substance abuse issues. Additionally, I

described the theoretical framework underpinning the study and its role in the research.

Chapter 2 includes a literature review that focuses on FTCs and drug courts.

Chapter 2: Literature Review

In 2020, more than 20 million Americans grappled with drug- or alcohol-related problems (Adams & Volkow, 2020). However, only 10% of those individuals received the necessary services to address their disorders (Adams & Volkow, 2020). The implications of these disorders extend far beyond their direct effects, encompassing physical and mental health, economic stability, and family dynamics (Easter et al., 2021). Children often become unwitting victims of abuse or neglect when one or both parents grapple with a substance abuse disorder. These children are often trapped in an inconvenient situation in which they fear reporting abuse, which could lead to their removal from their homes (Hickey, 2020).

Substance abuse disorder has been linked to cases of child maltreatment, with an estimated 50% to 80% of child abuse and neglect cases in the child welfare system involving parental substance abuse (Moreland et al., 2021). When parental substance abuse comes to the attention of child welfare authorities, it often results in the removal of children from their homes, diminishing their chances of reuniting with their parents and potentially leading to permanent placement in foster care. Furthermore, parental substance use was identified as a primary factor in 1 in 5 child fatalities between 2009 and 2014 (Moreland et al., 2021). Data from the Adoption and Foster Care Analysis and Reporting System revealed that approximately 35% of all foster care placements can be attributed to parental drug abuse (2021, as cited in Perron et al., 2022).

Drug treatment courts play a pivotal role in connecting individuals with essential resources. Drug treatment courts serve as a critical mechanism for finding suitable

interventions to assist parents in improving their family dynamics, thereby enhancing the lives of their families and children (Malone et al., 2019). These resources not only help reduce incarceration rates but also decrease the likelihood of children being removed from their care or experiencing fatal overdoses (Easter et al., 2021). Moreover, treatment courts have demonstrated other notable successes, including an 8% to 26% reduction in reoffending rates over 3 years. This translates into substantial cost savings for the United States, amounting to \$13,000 per participant who does not reoffend due to substance-use-related incarceration (Humenik et al., 2021). In Chapter 2, I describe the literature search strategies and the theoretical framework. This chapter provides an in-depth analysis of the research that has been done on this topic and shows the significance of research to better understand FTCs and to continue working on making them thrive.

Literature Search Strategies

In conducting a comprehensive search, I focused on reviewing empirical articles related to all treatment courts. However, because I found limited information on treatment courts, I expanded my search to include drug courts. This broader approach revealed a significant gap in the existing literature, particularly in the context of treatment courts within the family court system. When investigating treatment and drug courts, I restricted my search to articles published within the past 5 years to ensure access to the most up-to-date information. This period allowed me to examine existing research and find recurring themes and trends. Although this method offered insights into general program aims and outcomes, it lacked a thorough examination of participants'

perspectives within such programs, specifically the experiences of parents involved.

Recognizing this gap led me to formulate my research question.

Accessed Library Databases and Search Engines

An initial review of available literature on the topic was quickly expanded to include treatment courts and drug courts. To ensure a comprehensive source base, I used Walden University Library resources and the Google Scholar search engine. To ensure a systematic and thorough search, I sought guidance from Walden University's librarians, who aided in refining my search strategies and maximizing the scope of my inquiry. I also set up alerts for new papers and articles while narrowing my search parameters to include only literature from the past 5 years, thereby ensuring access to the latest research in the field.

Keyword Search Terms and Relevance

At the onset of my research, I considered the use of proper keywords in my literature searches. After the first inquiries, it became clear that my list needed to be expanded to obtain the desired results. Using the keyword *treatment courts* elicited more than 1,170,000 results in Google Scholar. When narrowing the period to 2018 to the present, approximately 75,900 results were offered. A similar result was produced using the keyword *drug courts*, with Google Scholar showing approximately 27,200 results when the search was limited to results from 2018 to the present. Employing the same keywords in the Walden University database yielded 1,278 results for *treatment courts* and 934 results for *drug courts* from 2018 to the present. Therefore, I refined my keywords and introduced Boolean terms to clarify the results and obtain more targeted

and specific results. These included *substance abuse* OR *substance use* OR *drug abuse* OR *drug addiction* OR *drug use, parents* OR *caregivers* OR *mother* OR *father* OR *parent, rules* AND *regulations, children* OR *adolescents* OR *youth* OR *child* OR *teenager*, and *Child Protective Services*. With these refinements, I was able to narrow the search to, in some cases, only a few relevant articles.

I also investigated dissertations undertaken on the subject. With the assistance of the Walden University Library, I found three papers addressing family treatment courts. The last was completed in 2007. However, none of the identified dissertations examined the perspective of a parent participant. Therefore, I managed all collected information by addressing qualitative and quantitative studies on my topic and others to determine the appropriate approach and outline for my study. Although the topic was somewhat relevant to my research, the identified 2007 dissertation was conducted with pregnant women using substances throughout pregnancy but included source material outside my 2018-to-present scope of inquiry (Cannavo, 2007).

Theoretical Foundation: Family Systems Theory

Family systems theory views a family as a complex, interactive system that can be studied by understanding how the family functions and realizing that a family is an open, ongoing, self-regulating system that can change and develop (Pratt & Skelton, 2018). In this theory, there are four basic components: Elements of the family are interconnected; the family is best viewed as a whole; how the environment interacts is on a constant feedback loop; and the family is the model used for viewing, understanding, problem solving, and learning (Pratt & Skelton, 2018). Family is not always what it seems because

family dynamics change. Families can consist of a core family, extended family, stepparents, stepchildren, and pseudo family members. Along with the members, varied factors go into a family that can change over time or with the addition or subtraction of members. These are the families' rules and values (Pratt & Skelton, 2018).

Family system theory works with FTC in how looking at the family and how it changes with outside influences. Families strive to have equilibrium and will seek external resources to obtain this (Pratt & Skelton, 2018). However, a person using substances is considered a phenomenon that changes the equilibrium. In this case, the family can use outside resources to restore equilibrium. This could include a FTC to help the family get back together and work on becoming whole again. The theory illustrates how the family uses their environment and surroundings to change the dynamic (Pratt & Skelton, 2018).

According to Fitzgerald et al. (2020), family systems theory asserts that all family members can be affected by one member, usually the parent, and that the entire well-being of the family can be correlated to how that one person is doing. Fitzgerald et al. used this theory to describe parents who have had trauma in their lives and how this trauma can affect the entire family. The parents are placed at the top of the family hierarchy and are crucial to the family's overall functioning. This means that the parents can either positively or negatively affect the family based on their behaviors and parenting skills. The theory states that if a negative dynamic occurs in the home, it could affect how the children see the world and cause them to show negative behavior. This can affect a child's mental health as they go through their adolescent years. Family systems

theory helps to explain the impact of a parent's actions on their children and how the impact can be positive or negative. family systems theory also helps clarify that through outside resources, the dynamic can be changed by getting the parents help with negative behaviors that affect the family.

Family systems theory has many of the same goals as the treatment court. Jakimowicz et al. (2021) stated that the goal of the family systems theory is to empower individuals, decreasing blame and reactivity. Jakimowicz et al. referred to nurses and how their understanding and the environment they create for their patients can change how the patient feels because the nurse empowers the patient to improve and look positively at their situation and outcomes.

Similarly, Son (2019) showed how the environment and person's surroundings can affect how their family feels and strives emotionally. This study was conducted in a church where the inner turmoil of the church gave the congregation such anxiety that half of its members left the church. The church is like a family, with the pastor at the top of the hierarchy. If tension or issues are present, it will affect the rest of the family, or congregation. According to Son, once the congregation felt enough anxiety, they understood that to get their family back, they needed to make a change with the hierarchy, splitting off from the church and electing a new leader. By doing this, the congregation changed their environment to something more positive, which made their family happier and better functioning.

Zagefka et al. (2021) also discussed the family system theory and explained the distinct roles children can have in the family as part of the hierarchy. Children can feel

and be labeled as heroes, scapegoats, lost children, mascots, caretakers, and masterminds. To explain why having a positive role at the top of the hierarchy is so important, Zagefka et al. looked at the scapegoat and lost child labels and how this is due to dysfunction in the family. Zagefka et al. said that having these roles in the family can give the children low self-esteem, depression, and other mental health disorders. When there is not a healthy parent role model at the top of the hierarchy, everyone under them on the pyramid can suffer. While the parent gets help to improve, the roles and labels in the hierarchy can change for the child as their relationship with their parents improves.

Watson and McDaniel (1998) had another perspective on family systems theory. They agreed that the family will always try obtaining equilibrium, but they pointed out that sometimes a family has been in disarray for so long that this is their equilibrium, and they need to work extra hard to get not only the parents to change but the entire family to change that equilibrium. This journey can be a struggle, and that is why some people do not want to change because it feels foreign to them (Watson & McDaniel, 1998). When taking this into consideration, it is even more important to obtain resources for the entire family and not only the parents because everyone must have a mind shift of what their equilibrium should look like, especially children who have known only one way.

In conclusion, family systems theory can help explain the reunification of the family and why it is so important to have a sober parent. Family systems theory helps explain why obtaining the outside resources is critical for the family dynamics and getting the children home. Family systems theory also helps explain how there can be a

positive change in a child's life by being with their parents and having a positive role model at the top of the hierarchy.

Literature Review Related to Key Variables and Concepts

The issue I aimed to address in this research was the substantial number of children placed in foster care because of their parents' substance abuse. In 2018, there were 3.53 million children involved with Child Protective Services in the United States due to maltreatment (USA Facts, 2021). In 2020, 470,297 children were removed from their parental homes due to maltreatment (American SPCC, 2020). Substance use by parents, impacting their ability to care for their children, was identified as one of the contributing factors to maltreatment (Michigan Department of Health and Human Services, 2022).

The aim of this mixed-methods study was to gain a deeper understanding of the perspectives of parents who had taken part in FTC. I explored the challenges, barriers, and effectiveness of the program. My goal was to supply insights that could better equip treatment courts in offering the most suitable treatment options to parents, enabling them to maintain a sober lifestyle after their children had been removed from their homes, and preventing their children's reentry into the child welfare system.

Child Protection and Foster Care

Child Protective Services (CPS) are the front line of child welfare. When a report alleges child abuse or neglect, an investigation is initiated by the caseworker, and a decision is made as to whether the case should be denied, no further action is needed by the parents or department, the case is opened, services are given to the family by a

caseworker if children can stay in the home, or the children should be removed and placed outside the home (Merritt, 2020).

CPS are one of the most important roles that could be given to someone; CPS are there to make judgments and decisions about one of the most vulnerable populations in the world, children. CPS needs to take scenarios given to them and assess the likelihood of a child being harmed by the people around them. These decisions that are made are considered “risk” factors. This is to help avoid bias by the caseworker or agency, as there is an established list of questions that are answered to assess risk. These questionnaires are designed to help professionals understand the different variables around neglect. This is because understanding earlier cases and ethical dilemmas helped make the system more universal. The thought that even old ideas could bring in innovative approaches was the basis for this thinking. If there was a unique case that had a problem that the caseworker had not previously met, they might use the questionnaire to drop certain variables that did not fit this situation but use other variables that did. Overall, someone’s emotional, behavioral, and cognitive abilities could change how they view a situation. This was what the risk factors tried to overcome (Mosteiro et al., 2018).

When a child was placed in foster care, it was after an investigation completed by child protective services, and their assessment showed that the child was at higher risk by staying with their family than being removed and placed outside the home. This removal was seen as the last resort and only came after extensive interventions to help keep the family together (Wisso et al., 2022).

Foster care homes were created partly due to the closing of residential homes for children. It was thought that having children in a home setting with “parents” would better suit the children’s mental and emotional health (Islam & Fulcher, 2022).

According to Harlow (2022), these theories were based on child development and attachment theory, suggesting that children were more likely to thrive in a family than in a residential setting. There has been increased research on the theory of keeping children in a family setting, and one alternative that had been making waves was kinship. Kinship was a person who was not blood-related to the child but had a family-like emotional tie to them and had their best interest in mind. This is still considered out-of-home placement, and reunification was still sought after, but it allowed children to be in a more family-friendly atmosphere (Hassell et al., 2021).

Once the child was placed out of the home, the real work started for the parents, and it was the foster carer’s responsibility to get the parents the help they needed to get their children back in their care. This was because, according to the United Nations Convention on the Rights of the Child, parents managed the upbringing and development of the child. Therefore, when a child was removed from their parent’s care, and the parents worked to get the child back, it was in their best interest to support the parents. When the child was back in the parents’ care, they were now capable of managing their upbringing and development. Giving parents the support and resources needed to make this happen was especially important for the children (Wisso et al., 2022).

When children are removed from the parental home, whether for substance abuse in the home or not, this seriously affected the children themselves—going to a new home,

not seeing their parents, and sometimes even being split up from other siblings. In a study by Cesar and Decker (2020), youth were interviewed about their experiences in the foster care system. In this study, 100 children involved with CPS and foster care were taken to a theater camp where they could participate in all camp activities but were also interviewed regarding their thoughts about CPS. This was called the Theater Camp Project. The children's ages ranged from 13 to 17 years old, and most were in out-of-home placements between one and two years. The overall sense of the interviews was that even though the children knew their home environment was bad, they still did not want to go to foster care. Older children talked about struggling as they aged in the system and were worried about what their own adult lives would bring. Even though several children could pinpoint the reason they were removed, often due to substance abuse, they would have rather stayed at home with their parents in that environment than be removed. No matter how you looked at being removed from a parental home, it was devastating to children, and every measure should have been taken to avoid this and avoid it from happening again if it must occur in the first place (Cesar & Decker, 2020).

Treatment Court

Family treatment court (FTC) was an organization that had proven structural guidelines supported by research and evidence-informed policies, programs, and practices. According to the Substance Abuse and Mental Health Services Administration, there were 11 Key Elements of Family Treatment Drug courts (SAMHSA, 2021):

1. A steering committee composed of key stakeholders supplied advice in the design and operation of the Treatment Drug Court.

2. Alcohol and other drug treatment services were integrated with justice system case processing.
3. A non-adversarial approach was used, with prosecution and defense counsel promoting public safety while protecting participants' due process rights.
4. Early identification and prompt placement of eligible participants.
5. Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
6. Frequent staffing (team meetings) where each client's progress, strengths, obstacles, and options were discussed individually, and case plans were updated as needed.
7. Frequent alcohol and other drug testing.
8. A coordinated strategy that governed drug court responses to participants' compliance.
9. Ongoing judicial interaction with each drug court participant.
10. Interdisciplinary education that promoted effective planning, implementation, and operations.
11. Partnerships among drug courts, public agencies, and community-based organizations.

Treatment court took place before a judge whose role was crucial in the planning and operation of the court. The judge collaborated with the leaders and partner agencies of the family treatment court to set up rules and a shared mission and vision for that court. Unlike a traditional judge, a judge of treatment courts was a vital part of the team.

One major thing that stood out was the judge's rapport with participants, which was among the most essential components of FTC. To be a part of FTC, the participant had to have a family court case filed against them about the maltreatment of a child. For the best outcomes, the court wanted to find potential participants at once, get them screened for the program, and get their assessments for substance abuse done as early as possible. One of the critical assessments was a comprehensive assessment of the children's needs and what the parents affected by a substance use disorder needed. Once the assessments were done, children, parents, and families could be referred to the proper services and levels of care they needed to reunite with child services. The children, parents, and families were assessed throughout the court case to ensure all barriers were addressed. This was achieved by having a case manager who helped check the family's needs. Their role was also to work with child welfare to ensure that not only did they graduate from the family treatment court program but also that they stayed on track with getting their children back into their care. The entire team watched the participants carefully and provided proof of certain milestones, including clean drug screens, therapy, education, stable housing, and employment. All participants were held responsible for their actions (NACDP, 2005).

With any new program, there were pros and cons. One of the pros of treatment court was the costs saved by the courts and child welfare when a person was in treatment court due to its success. The areas that were looked at included the length of time the children were in care, substance-affected childbirth, Medicaid costs, and emergency room use for each child and parent in the program. The program used trauma-informed parent psychoeducation groups and trauma-focused cognitive behavioral therapy to help the

parents reunify with their children and aid them with their sobriety, which in the long term kept the children from being removed again and the parents out of jail. Also considered were the parents' learning skills to find employment, secure housing, and obtain a college education. The savings ranged from \$168,993.30 to \$837,993.30 for the criminal justice and child welfare systems (Logsdon et al., 2021).

When treatment court worked and a person became sober, learned how to live sober, had only sober contacts, got their children back, and became a functioning, positive member of society, it was said that the system worked. But there was much to be said about those the system failed. When someone did not graduate, dropped out, or was kicked out of the program, they were left to fend for themselves about their recovery. Sometimes they ended up in jail without access to services, and sometimes they simply dropped out, continued using, and had their rights ended. Some scholars said that this should not be the end. FTCs tended to be more forgiving when reentering the program. They either changed their goal to termination or decided that they now wanted the program, but often, it took them a while to get to the place in their mind where they wanted to be sober. At this time, the participant could start treatment court and work towards changing the goal back to reunification. Drug courts, on the other hand, tended to be stricter and punishment oriented. If a participant did not follow program requirements, typically staying sober, they were sent back to jail without receiving needed services, and most of the time, they were not allowed back into the program. This could be detrimental to someone who took longer to decide to get sober but still could receive help from treatment (Gibbs & Lytle, 2020).

As of December 31, 2020, there were 3,848 FTCs in 48 states, the District of Columbia, and the territories of Puerto Rico and Guam. There were also treatment courts in the United Kingdom and Australia. FTC continued to expand due to its effect on families with substance abuse disorders meeting child welfare. A study that evaluated 16 FTCs found that participants of FTC were two times more likely to reunify than families that did not take part in the program. The study also found that FTC participants entered treatment more quickly, were kept in treatment, completed treatment at higher rates, received more court review hearings, and were more likely to be reunified with their children. Not only were children of parents in the program more likely to reunify, but they also were more likely to spend less time in out-of-home placement (National Drug Court Resource Center, 2021).

In 1997, Congress passed the Adoption and Safe Families Act. This was meant to help strengthen the child welfare systems. This act aimed to ensure all children were provided with safety, permanent placement, and that the well-being of children was always the caseworker's number one concern. This act also made FTC necessary as it said that children should have permanent placement after 12 months of being in out-of-home placement. This meant that parents only had 12 months to conduct everything required to prevent their rights from being terminated. The child welfare system expressed concerns about this new act as it did not provide parents with enough time to effectively address substance abuse disorders (NDCI, 2018).

FTC has many moving pieces, and not all could be managed by one agency alone. Instead, this program worked by bringing multiple agencies together in one place for the

family. If everyone kept working together and focused on the outcomes for the children, FTC would continue to grow along with the agencies that serviced the court (National Drug Court Institute, 2018).

Not only was it essential to have FTC for parents, but it was also important that the program worked with other programs to give the parents a well-rounded perspective when they reunified. This observation was corroborated by a study of 31 participants who had completed an intensive parenting intervention program with their FTC. When asked at the beginning of the program, most participants were hopeful that the program would help them with parenting and that they would learn; a few did not think they could learn anything as they had already raised children. Participants were less excited in the middle of the program but were much more optimistic once their children were brought into the program, and they could use what they had learned. At the end of the program, most parents reported enjoying it and believed it had helped with parenting once their children were brought back into their care. Most also thought they could use what they had learned after the program was finished to help manage their children's stressors (Akin et al., 2018).

A significant issue affecting FTC was mental health. Courts struggled to collaborate with participants with a substance use disorder combined with mental health disorders. A study in Minnesota examined what services were needed for mental health participants in treatment court and what post-op looked like with these services. The overall results supported integrating mental health programs with treatment courts,

resulting in higher graduation and recidivism rates for those in both programs (Humenik et al., 2021).

According to a study done in Massachusetts, 73 participants in a treatment court also had a co-occurring mental health program. The results of this program showed that 80% of the participants were still in services six months after they had left the program and stated that this helped with their substance use and mental health (Shaffer, 2022).

Health issues could also be a challenge that treatment court participants had to overcome. A study in Milwaukee County used a program that included 16-weekly one-hour appointments to address their physical health and give them access to information needed to manage their physical health. After the program, most participants were excited to continue living a healthy lifestyle not only by not using substances but also by taking care of themselves and any health issues they may have had before coming into the program (Goldberg et al., 2019).

An essential part of FTC was ensuring the participants had support during the process; this was where peer recovery specialists came in. The following study looked at 76 treatment court participants in Philadelphia Treatment Court who used peer recovery specialists. In this study, the results did not support the hypothesis. Those with a peer recovery specialist did not have better outcomes in drug screens or attendance, but they did have a better recidivism rate than those who did not have a peer recovery specialist (Belenko et al., 2021). One factor that could help people get through their substance abuse disorder was social support through the community and family, which could help

with coping skills. Having social influence was especially important to the recovery process (Sy et al., 2020).

Wraparound services were another service offered for treatment court participants. Wraparound services helped participants with co-occurring issues, including substance use and mental health disorders, and were a part of the criminal justice system. This study examined two Massachusetts treatment courts with a wraparound program for participants with more than one relapse and a co-occurring diagnosis. There were 79 participants enrolled in the program when it was evaluated. During the study, it was found that the participants in the wraparound and without wraparound did well engaging with services and not relapsing during and six months after the program. When it came to substance use, there was no meaningful change in participants who had wraparound and those who did not. With mental health, there was also no significant improvement in their mental health after being involved with the wraparound service (Schaffer et al., 2022).

The concept of risk-need-responsivity suggested that only the most intense and expensive programs should be supplied for the highest-risk participants, while those with minimal risk should receive minimal services. A scale was used to decide the level of risk, considering factors such as recidivism, co-occurring issues, living situation, and deficits in basic life skills. This study involved 850 adult participants, both men and women, in New Orleans, Louisiana. Among the participants, 59% were classified as high-high risk, 21% as elevated risk, 11% as low-low risk, and 9% as low risk (Mikolajewski et al., 2021). The results showed that despite the high-risk groups receiving more intensive services, their graduation rates were lower than those in the low

and low-low risk groups. The conclusion drawn was that success predictors were not necessarily linked to the severity of the programs but rather the participants' first conditions, including support, education, housing, and age.

In California, 19 counties utilized the Treatment Perceptions Survey questionnaire with their treatment court participants. This 14-item questionnaire was designed to evaluate any treatment court or community-based program using the state's 1115 Medicaid Waiver. The survey included questions about access to care, program quality, and areas needing improvement. General satisfaction surveys are essential in deciding what works and what doesn't. This program was started in 2015 and has become a standard requirement for most programs seeking a payment waiver (Teruya et al., 2022).

The Strengthening Families Program is employed to address various aspects of family life, including substance use, parenting, children's life skills, and family life skills. This intensive 14-week program engages both parents and the family in different sessions. The program's findings revealed increases in parental warmth, positive discipline, stress management, family organization, and decreases in family conflict. When incorporated into treatment court, participants receive a more comprehensive service that addresses all aspects of family life, not just substance use (Day et al., 2020).

Treatment courts have gained increasing popularity over the years as they offer a different approach to healing a population that continues to grow. The primary goal of treatment courts is to reunite families and prevent children from re-entering the system. Being in the home with their parents is the best place for children if it can be done safely.

Studies conducted on treatment courts have shown that they are effective in reducing the recidivism rate for families involved in child welfare (Fay & Eggins, 2019).

While most treatment courts are voluntary, a study in Nebraska focused on a court where participation in treatment court was mandatory for any parent involved in child welfare with a substance abuse issue. This study included 293 parents and 61 control parents who were involved with treatment court. The results revealed that the group engaged with treatment court had a significantly higher rate of reunification, case closure, and overall satisfactory completion of both treatment court and their child welfare case (Fessinger et al., 2018, pp. 49-77).

Treatment Court Phases, Sanctions, and Accolades

When a participant is in treatment court, there are four phases and an orientation that the participants must complete to graduate successfully. Each phase has a set number of days to complete everything within that phase, and some phases are repetitive to keep individuals on track. The following information was obtained from a treatment court handbook provided to participants (Bay County Family Treatment Court, 2022).

First, the participants go through an orientation phase. This phase is distinct from the rest, as it is meant to prepare the participant for phase one. All participants must attend the orientation meeting and receive all the social support and resources available to FTC participants. However, during this phase, they are not subject to sanctions as they have not officially started the program yet. This phase also allows participants to decide if the program is the right fit for them since treatment court was entirely voluntary. The orientation phase consisted of completing a substance abuse assessment, a strength

assessment conducted by foster care, detoxification if necessary, enrolling in treatment, and abstaining from substances. Once these tasks are completed, participants could choose to move on to phase one. (Bay County Family Treatment Court, 2022).

Phase one is the most rigorous phase, lasting 90-120 days. During this phase, participants are expected to attend a weekly court hearing with the judge, meet with their case manager once a week, participate in treatment, provide a minimum of three urine screens a week, maintain their parenting time with their children, undergo a psychological assessment, have an assessment of their parenting skills conducted, assess their children's needs, find a sponsor, create an initial plan to stabilize their lifestyle, receive individualized counseling, maintain an NA/AA journal, complete all releases required for team members, have three or more sobriety contacts a week, and work on sustaining sobriety. Once these requirements are met, participants could go ahead to phase two, which is also 90-120 days participants (Bay County Family Treatment Court, 2022).

During phase two, participants still must attend court weekly and supply a minimum of three urine screens weekly. They are also expected to continue finding sober supports, keeping abstinence, finding a sponsor, planning to stabilize their lifestyle, identifying any other necessary counseling, writing in an NA/AA journal, maintaining three or more sobriety contacts, and working on sustaining sobriety. Phase two introduced added requirements, such as developing a wellness recovery plan, working on educational goals, attending self-help meetings, collaborating with a peer recovery coach, and creating a crisis plan (Bay County Family Treatment Court, 2022).

Phase three mirrored phase two in terms of requirements but with reduced frequency: participants attend a court hearing every other week and must provide two drug screens a week. Phase four, also lasting 90-120 days, is the final phase. By this phase, participants are expected to keep sobriety without any relapses. Phase four focuses on preparing participants to reintegrate into the community and regain custody of their children. Expectations included attending one court hearing with the judge per month, meeting with the case manager every three weeks, successfully completing substance abuse treatment, securing stable housing and employment, finishing the wellness recovery plan and establishing a robust crisis plan, developing a transition plan with a counselor, mentoring new treatment court participants, contributing to the community, participating in the recovering community, continuing the NA/AA reflection journal, and attending three recovery meetings. This phase is primarily about readiness for graduation, which also meant closing the abuse and neglect case. At this point, participants should be on their own, and it is essential to ensure they had the tools needed to keep a sober lifestyle (Bay County Family Treatment Court, 2022).

When a participant does something commendable, progressed to a higher level, or successfully kept their sobriety while facing hardships, the team could offer them commendations. These commendations might include verbal praise, handwritten notes from the judge, gift cards, covering expenses such as birth certificates, social security cards, driver's licenses, and more. Participants could also be treated to a day out by a team member or receive gift cards for enjoyable activities for their children.

Conversely, when a participant did not meet the program's expectations, they could face sanctions. These sanctions could be as straightforward as authoring a paper or attending an additional meeting. In more severe cases, participants might have to restart a phase, be expelled from the program, or even receive a jail sentence. Given that this program is voluntary, the team had to keep in mind that the children's best interests are at stake. If a participant accumulated too many sanctions or found them disagreeable, they could withdraw from the program without facing consequences. However, the drawback is that they would lose the support and resources provided when no longer working with FTC, potentially jeopardizing their ability to maintain sobriety (Bay County Family Treatment Court, 2022).

Children and the Child Welfare System

The Child Abuse Prevention and Treatment Act (CAPTA) was founded on January 31, 1974, and underwent multiple amendments, with the latest occurring on December 20, 2019. CAPTA provides states with federal funding and guidance to prevent, assess, investigate, prosecute, and treat child abuse and neglect. CAPTA also contributed to the definition of child abuse and neglect, which was expanded in 2015 to include sex trafficking. Adoptions were also incorporated into CAPTA through the Child Abuse Prevention and Treatment and Adoption Reform of 1978. Subsequent amendments occurred in 1984 (Child Abuse Amendments), 1986 (Children's Justice and Assistance Act), 1989 (Child Abuse Prevention Challenge Grants Reauthorization Act), and 1989 (Drug Free School Amendments), followed by the Child Abuse and Neglect Prevention and Treatment Act of 1990, The Child Abuse, Domestic Violence, Adoption, and Family

Services Act of 1992, The Incentive Grants for Local Delinquency Prevention Programs Act, and The Older Americans Act Technical Amendments of 1993. The list continues with The Human Services Amendments of 1994, The Child Abuse Prevention and Treatment Act Amendments of 1996, The Keeping Children and Families Safe Act of 2003, The Justice for Victims of Trafficking Act of 2015, Comprehensive Addiction and Recovery Act of 2016, Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT for Patients and Communities Act of 2018, and Victims of Child Abuse Act Reauthorization Act, also in 2018 (Child Welfare Information Gateway, 2019).

Despite the numerous amendments to the act, there remains no single, universally accepted definition of child abuse and neglect, as noted by Jud and Voll (2019). Instead, these terms are often used in broad and general terms. Moreover, each state maintains its own practices and guidelines for addressing child maltreatment. The more commonly used overarching term across states is “child maltreatment,” encompassing a child’s risks, endangerment, and needs. However, there is no fixed number of factors categorized as maltreatment. On the other hand, there are four primary subtypes of child maltreatment: neglect, sexual abuse, physical abuse, and psychological abuse. The classification of witnessing the abuse of a parent or another family member varies depending on the state or scholarly perspective. The multitude of descriptions arises from the varying laws related to medicine, psychiatry, psychology, education, social work, sociology, politics, and more in different states. Different geographic locations and state-specific beliefs and religions further contribute to these differences. The challenge, as outlined by Jud and

Voll (2019), is that there are numerous ways to harm a child, and comprehensive definitions must leave no room for gaps or ambiguities when it comes to child protection.

Child maltreatment has been recognized as a significant public health issue by the World Health Organization. It can have dire consequences, potentially resulting in a child's death due to homicide or neglect. According to the National Child Abuse and Neglect Data System, in the United States in 2010, there were 1,560 child deaths linked to abuse or neglect (U.S. Department of Health & Human Services, Administration for Children and Families, Children's Bureau, n.d.). Maltreated children are at a higher risk of experiencing injuries, such as broken bones, head injuries, and growth delays. Maltreatment can also have adverse effects on brain development, leading to speech and language disorders and learning difficulties. Other health issues associated with child abuse or neglect include obesity, chronic pain, and adult health problems such as diabetes, liver and kidney disease, and cardiac and respiratory diseases. Child maltreatment can also affect a child's mental health, potentially leading to anxiety, depression, aggressiveness, delinquency, and criminal behavior. These issues can persist into adulthood, resulting in alcohol abuse, post-traumatic stress disorder, personality disorders, and suicidal behavior (Temcheff et al., 2018).

Annually, over three million youths are referred for child protective investigations nationwide, according to the U.S. Department of Health & Human Services. Concurrently, approximately 437,283 youths are in the U.S. foster care system. This number has remained relatively stable over the years. Children placed in foster care within the child welfare system often face greater challenges related to their psychosocial

needs compared to their peers not in foster care (Thompson et al., 2022). These children may experience adverse psychosocial and behavioral outcomes in later life, with child maltreatment being linked to poor social adjustment, juvenile delinquency, emotional difficulties, limited education, and substance abuse. Exposure to violence, separation from parents or caregivers, multiple out-of-home placements, or re-traumatization during childhood can lead to difficulties in adulthood (Yoon et al., 2022). While these children require resources to ease reunification, they also need services to address the emotional and behavioral challenges arising from their removal from home. Unfortunately, children in foster care do not always receive the necessary support to overcome trauma. It is crucial to ensure comprehensive family services, rather than solely focusing on parents. When children experience multiple placements or changes in living arrangements, it becomes challenging to access and sustain services. In some cases, children may even refuse these services. Additionally, when children return home, there is no means of continuous monitoring to ensure they receive the necessary services, often leading to a new case report and child protective services' involvement (Brown et al., 2020).

Children exposed to parental substance use disorder not only have the potential for long-term issues in adulthood but can also directly experience adverse effects from this exposure. Prenatal substance abuse significantly contributes to health problems in infants, which may persist into adulthood. Children can also be exposed to substances when parents use drugs in their presence, leading children to become involved or even try to emulate their parents. This not only poses future risks for the child but has resulted in overdose cases and fatalities among children and incidents where parents under the

influence have harmed their children (Richards et al., 2022). In Michigan, a child is not legally considered a child until birth. Therefore, child protective services cannot intervene if a parent uses substances while pregnant. Harm to other children is typically needed for the court to restrict parental substance use. Once the child is born, child protective services may intervene to aid the family. However, by that time, it may be too late, and the child may need lifelong services due to prenatal exposure (Vandervort, 2019).

Parents with a history of substance use have historically showed lower engagement in services when working with child protective services and are less likely to have their children reunified. They are also at a higher risk of re-offending, leading to the removal of their children once again. Therefore, it is imperative to set up a robust support system that provides parents and children with the necessary assistance and resources that extend beyond the investigative phase (Fusco, 2019). When working with families in treatment court, unique challenges arise due to the higher risk of relapse and re-removal. Addiction services often do not adequately address both the family's needs and the parents' trauma and parenting skills. Conversely, programs focused on parenting trauma may not effectively address substance abuse issues (Bosk et al., 2019).

According to a national survey of child and adolescent well-being II, a random half-sample of children aged 18 months to 17 years, parenting intervention must encompass improvements in both the parent-child relationship to ensure better outcomes for the child, parent, and family's future (Seay, 2020).

Substance Abuse Disorder

Substance use disorder was a complex mental health condition with detrimental effects on behaviors and profound consequences for individuals, their families, and society. According to Moustafa et al., (2021) nationally, 4.9% of the adult population had experienced alcohol use disorders, 22.5% had smoked tobacco, 3.5% had used cannabis, and 0.3% had injected psychoactive drugs. Numerous studies have investigated the factors driving individuals toward substance abuse to gain a comprehensive understanding of the high prevalence of substance use disorder. One of these contributing factors was childhood trauma. It had been reported that 60% of all substance abuse users had experienced physical, emotional, or sexual abuse during their childhood (Moustafa et al., 2021).

Since 2020, the COVID-19 pandemic had transformed patterns of drug use and acquisition. The global shutdown of shipping lines and the disruption of trade coming to and from the United States had made it increasingly challenging to obtain certain illicit drugs, so leading to an upsurge in the production and use of in-house substances. This shift in drug sourcing needed a reevaluation of resource allocation. More individuals had tried to produce substances within their homes, resulting in additional risks for families. Moreover, when drugs could be imported into the United States, they were often adulterated with more potent substances to extend their availability, thereby increasing the prevalence of overdoses (Zaami et al., 2020).

Research has proven that individuals who underwent substance abuse treatment still often reported dissatisfaction and unhappiness with their lives. This dissatisfaction

might be a contributing factor to the high rate of relapse seen in substance use disorder cases. To truly motivate individuals to maintain their sobriety, it is imperative to provide them with a comprehensive substance abuse treatment program that addressed not only their addiction but also encompassed aspects such as education, employment opportunities, housing, and the development of supportive relationships with sober contacts (Barati et al., 2021).

Living With Parents With Substance Use Disorder

According to the United Nations World Drug Report (United Nations Office on Drugs and Crime, 2023), among individuals aged 15-64 worldwide, 39.5 million have been diagnosed with a drug disorder. Out of the 39.5 million, one in five are in treatment. Opioids are the drug of choice for Americans at 36%. Internationally, approximately 5.6% of individuals aged 15-64 used drugs in various forms, even in the context of the ongoing war on drugs and increased global resources (Israelashvili, 2019). Focusing on opioid addiction, data from the National Survey on Drug Use and Health showed that roughly 11.7 million adults had misused opioids, with 72% of them being parents.

Although there is no precise information on the number of children affected by this 72%, it is reasonable to assume that a considerable number of children were impacted (Peisch et al., 2018). Additionally, Clemans-Cope et al. (2019) estimated that there were 623,000 individuals with opioid use disorder and approximately 4,000,000 parents with substance abuse disorders in general. However, only one-third of those affected sought treatment.

Individuals with opioid use disorder often experience concurrent mental health issues and difficulties with emotional regulation. This becomes clear when individuals

cycle between drug use, withdrawal, sobriety, and relapse, struggling to express their emotions during these transitions. Effective parenting requires the ability to respond appropriately to a child's emotional needs and teach them emotional regulation skills. Additionally, individuals with opioid use disorder may hold problematic parenting beliefs, including unrealistic child expectations, reversed parent-child roles, the suppression of children's autonomy, resorting to corporal punishment, and displaying low levels of empathy. Furthermore, they may lack fundamental parenting skills related to recognizing signs of illness, nutrition, and infant development. As their children grow older, individuals with opioid use disorder may encounter challenges in discipline and guiding them toward successful adulthood (Cioffi et al., 2019).

Evidence from studies spanning decades underscores the profound impact of parental substance abuse on their children, encompassing emotional, behavioral, physical, cognitive, academic, and social problems that can persist into adulthood. Parental substance use, including use during pregnancy, heightens the child's risk of developing substance dependence, needing treatment (Kuppens et al., 2020).

While substantial research has examined treatment courts and family courts' roles in reunification processes following parental completion of treatment, limited attention has been paid to the post-reunification phase and its long-term effects on children's lives. Harwin et al. (2018) conducted a study spanning five years in London courts, which did not reveal significant alterations in family dynamics. Consequently, it was concluded that a more comprehensive study was needed to elucidate tangible long-term outcomes for families and their adult children.

Involving children in supportive services is crucial because children whose parents have substance use disorders are at a heightened risk of developing mental health and substance use disorders as adults (Reupert et al., 2019). While parents in mandatory drug courts do not typically receive family services, participation in a Family treatment court ensures that the entire family receives services, potentially breaking the generational cycle.

Court- Ordered Treatment Courts

When drug courts were first introduced, they were envisioned as a fundamental shift in how individuals involved in criminal activities were perceived and treated, emphasizing rehabilitation over punishment. The inaugural drug court was set up in Florida in 1989, leading to their proliferation in various states across the country. This expansion was driven by widespread dissatisfaction with the traditional approach to handling drug-related offenses, which often resulted in a revolving door of incarceration. Simultaneously, the accumulation of data on substance uses disorders shed light on the need to treat these conditions as disorders rather than mere criminal offenses (Logan & Link, 2019). When working with drug courts, the court had to address not only the inmates' legal issues but also their substance abuse and mental and social well-being. Participants in drug courts remained members of the community but were unable to be trusted to live in the community without court supervision. Therefore, inmates who failed to adhere to the rehabilitation rules and ensure community safety could face a return to jail or the fulfillment of the time that was originally replaced by drug court (Delen et al., 2021).

Much like FTC, drug courts adhere to key components. According to the National Association of Drug Court Professionals, there are ten key components of Drug Court:

1. Drug courts integrate treatment for alcohol and other drug use with justice system case processing.
2. Prosecution and defense counsel employ a non-adversarial approach to balance public safety and the due process rights of drug court participants.
3. Participants eligible for drug courts are identified early in the legal process and swiftly placed in the drug court program.
4. Drug courts ease access to a continuum of alcohol, drug, and related treatment and rehabilitation services.
5. Abstinence from substance use is regularly checked through alcohol and other drug testing.
6. Drug courts employ a coordinated strategy to respond to participants' compliance or non-compliance.
7. Ongoing judicial interaction with each participant is a crucial element.
8. The attainment of program goals and effectiveness is assessed through monitoring and evaluation.
9. Continuous interdisciplinary education is employed to enhance effective drug court planning, implementation, and operations.
10. Partnerships between drug courts, public agencies, and community-based organizations are forged to garner and enhance local support and drug court effectiveness (NADCP, 1997).

Drug courts are designed for individuals convicted of non-violent offenses who have a history of offenses or self-report a substance use disorder. Participants voluntarily opt for participation, in return for which they receive a sentence reduction, or the possibility of their sentence being suspended upon successful program completion. While in the program, participants are under the supervision of a judge and a case manager. Sanctions can be imposed if a participant does not adhere to the program's rules, including temporary incarceration. The core of the program lies in substance abuse treatment. As the treatment progresses, there is a reduction in program requirements, leading to fewer meetings, fewer drug screens, and decreased substance abuse treatment. On average, participants complete the drug court program in 12 to 18 months (Roman et al., 2020).

Numerous studies have been conducted on treatment courts, yielding variable results depending on the specific focus and outcome being investigated. Recidivism rates range widely from 10% to 90%, depending on the source. Nevertheless, there is a consensus that substance abuse programs, both within and outside of family court settings, are essential (Wilson et al., 2018).

Approximately 37% of individuals on probation are there due to substance use disorders. Among this group, only 8% successfully complete the treatment designed to address their substance abuse issues (Moore et al., 2022). Mental health challenges are one of the reasons why probationers may not complete mandated treatment. Engaging in a treatment plan can trigger emotional memories and experiences that many probationers prefer to avoid, leading them to drop treatment (Moore et al., 2022).

There is a dearth of long-term studies examining drug courts and their impact on participants' recidivism rates. Kearley and Gottfredson (2020) conducted a study assessing the recidivism rate of Baltimore City drug court participants 15 years after their completion of the program. The study findings revealed fewer arrests, charges, and convictions, with notable differences in crime-specific outcomes between those who graduated from drug court and those who did not. Overall, participants who underwent court-ordered treatment through drug courts proved better outcomes after their release from the program. This study suggests that drug courts have a lasting impact on participants and reduce the likelihood of re-offending (Kearley & Gottfredson, 2020).

Medication-Assisted Treatment

The United States led the world in opioid consumption with 66.5 opioid prescriptions per 100 people. Among these prescriptions, 13 opioid prescriptions put individuals at high risk for developing a substance use disorder. A recorded 30% of those prescribed opioids misused the drug, and 12% became dependent (Oesterle et al., 2019).

The three most common types of medications used for medication-assisted treatment are buprenorphine, naltrexone, and methadone. Among these three, the most common is extended-release injectable naltrexone (Fendrich & LeBel, 2019). Methadone is a full opioid agonist administered orally to participants and prescribed by a doctor. Methadone effectively reduced withdrawal and cravings reduced illicit opioid use, and increased treatment retention. Another example, buprenorphine, is a partial agonist administered by implant or injection. Buprenorphine is effective in reducing illicit opioid use, opioid cravings, withdrawal symptoms, and increasing treatment retention.

Naltrexone is the newest of these drugs; therefore, there is less research on it. Naltrexone can be administered orally, by injection, or by implant. The limited research conducted does show that it also increases treatment retention and reduces illicit opioid use (Moore et al., 2019).

The impact of opioid use on families reached an all-time high. Williams and Duncan (2019) explored this in their study, which examined opioid use and parenting skills. The study revealed that 80% of parents with an opioid addiction also had childhood trauma when they were children with parents who had substance abuse issues. Medication-assisted treatment is one way to help people with a substance use disorder. The issue with medication-assisted treatment is that most treatment courts did not allow participants to be on buprenorphine while in the program. This could deter people from joining the voluntary program if they had to drop the prescription that helped them stop using opioids.

A shift was on the horizon. In 2015, the Office of National Drug Control Policy instituted a new policy requiring drug courts to allow FDA-approved medications for the treatment of substance use disorders. The ruling did not stop there; drug courts were also encouraged to distribute 20% of their federal grant money to fund medication-assisted treatment for uninsured patients in the program. Additionally, the Substance Abuse and Mental Health Services Administration distributed \$11 million in 2016 to expand medication-assisted treatment programs (Robertson et al., 2021).

Not all medications used to treat substance use disorders help the patient, and some are banned from treatment courts altogether. One of these drugs is Gabapentin, a

prescription medication prescribed for the treatment of seizures and neuralgia. Recently, doctors have also used it as a substance abuse treatment, for mental health problems, and for pain. The issue with this is that, unlike other medication-assisted medications, Gabapentin can be used by patients to get high. As a result, this medication is not accepted in treatment courts (Buttram et al., 2019).

Quantitative Components

In California, 19 counties utilized the Treatment Perceptions Survey questionnaire with their treatment court participants. This 14-item questionnaire was designed to evaluate any treatment court or community-based program using the state's 1115 Medicaid Waiver. The survey included questions about access to care, program quality, and areas needing improvement. General satisfaction surveys are essential in deciding what works and what doesn't. This program was initiated in 2015 and has become a standard requirement for most programs seeking a payment waiver (Teruya et al., 2022). While most treatment courts are voluntary, a study in Nebraska focused on a court where participation in treatment court was mandatory for any parent involved in child welfare with a substance abuse issue. This study included 293 parents and 61 control parents who were involved with treatment court. The results revealed that the group engaged with treatment court had a significantly higher rate of reunification, case closure, and overall satisfactory completion of both treatment court and their child welfare case (Fessinger et al., 2018). According to a national survey of child and adolescent well-being II, a random half-sample of children aged 18 months to 17 years, parenting intervention must encompass improvements in both the parent-child relationship to ensure better outcomes

for the child, parent, and family's future (Seay, 2020). In a study done by Barnett et al. (2023) data was pulled for 317 participants from five FTCs in the southeastern United States and analyzed using logistic regression. The results of this study showed that participants who completed the FTC program were more likely to be older, completed counseling, were high school graduates, and Caucasian. The conclusion of this study showed that age and completion of therapy were the greatest predictors of graduating from the FTC. These results show that resources used during FTC are critical to a participant's success. A study done by Rodi et al. (2022) 360 known FTC sent out surveys to all their participants through an online engine. This study showed that the programs that were in bigger cities and had more resources had better outcomes, but to get the outcomes that Family treatment courts are looking for there needs to be much more research done on the topic. Moore et al. (2020) looked at 72 family treatment courts. This study looked at whether participation in the family treatment court program would increase the likelihood that a child would spend less care outside of the parental home. This study showed that family treatment court did indeed positively affect the length of time a child was placed outside of the home and showed permanency was reached faster as well.

Ogbonnaya and Keeney (2028) took 11 studies and put them into a quantitative study. The studies used included narrative and meta-analysis approaches. All selected studies focused on substance use. Results from both narrative and meta-analyses showed that FTCs intervention was positively associated with the entry and completion of substance use services. Additionally, FTCs and recovery coaches were positively linked

with the likelihood of a family's reunification. This study showed that not only was reunification more likely but also days until reunification. The results of the study state that FTCs may positively influence the likelihood that children are reunified with their families in the future and spend less time in foster care placement.

These studies were chosen as they relate to the topic of FTCs. Most of the studies above talk about reunification as the basis for the study. They look at the number of participants that reunified compared to the participants who did not take part in FTCs. In all the research that was done there was not one quantitative study that was done that said that Family treatment court did not help will positive outcomes for the family.

Qualitative Components

When children were removed from the parental home, whether for substance abuse in the home or not, this seriously affected the children themselves—going to a new home, not seeing their parents, and sometimes even being split up from other siblings. In a study by Cesar and Decker (2020), youth were interviewed about their experiences in the foster care system. In this study, 100 children involved with CPS and foster care were taken to a theater camp where they could participate in all camp activities but were also interviewed regarding their thoughts about CPS. This was called the Theater Camp Project. The children's ages ranged from 13 to 17 years old, and most were in out-of-home placements between one and two years. The overall sense of the interviews was that even though the children knew their home environment was bad, they still did not want to go to foster care. Older children talked about struggling as they aged in the system and were worried about what their own adult lives would bring. Even though

several children could pinpoint the reason they were removed, often due to substance abuse, they would have rather stayed at home with their parents in that environment than be removed. No matter how you looked at being removed from a parental home, it was devastating to children, and every measure should have been taken to avoid this and avoid it from happening again if it must occur in the first place (Cesar & Decker, 2020).

Examining data from drug courts /treatment courts is crucial, but it is equally important to listen to the participants of these courts. Utah State University conducted a study in which they interviewed 26 participants and compiled these interviews to gain insight into the actual experience of individuals going through the drug court process. The motivation behind this research was not only to engage with successful participants but also to include those who might have been overlooked. When reviewing what went wrong with a participant, it can be seen as an opportunity for change, preventing history from repeating itself and avoiding others from falling through the cracks (Williams et al., 2019). In another study, three main themes appeared when directly speaking to parents about their experiences in treatment court. These themes included a lack of voice and involvement in the entire process, a lack of comprehension of the court proceedings, and concerns about the fairness of the proceedings, including potential bias from the judge. One way to address these issues is by improving communication between the court and the participant, although this can be challenging depending on their legal team. Consequently, the treatment court distributes time to hear the participant. With a less formal atmosphere than a traditional court hearing, participants have more opportunities to express themselves, ask questions, and understand the process. The treatment court

collaborates with the family court to understand the case's status and phase, allowing the judge and service providers to take the time to address the participant's inquiries and guide them through any areas of confusion. This also supplies an avenue for participants to voice their thoughts and frustrations about the program, seek assistance, and receive genuinely meaningful support from the team. Treatment court transcends mere procedural requirements and genuinely prioritizes sobriety and family reunification, striving to effect positive change (Stephens et al., 2021).

A study done in Georgia took a different approach to the research and interviewed attorneys, judges and clerks that worked with the FTCs program. This was done with to different counties in Georgia. O'Brien (2022) states that the results showed that there needs to be more emphasis on mental health along with substance abuse when collaborating with the participants. In-depth interviews were conducted with 17 currently or recently involved parents in a Midwestern family treatment court by Sieger and Haswell (2020). This study was asking parents about how they believe their substance use affected their families and themselves. They were asked to reflect on when they were using substances and now that they are substance free. This study showed that when working with the population it is especially important to get the parents' perspectives to understand what their needs are.

Malone et al. (2019) did a study in Georgia that looked at family treatment court and Adult Drug Court. The results showed that parents in family treatment court compared to those in Adult Drug Court reported greater social support and better family functioning. Parents in Adult Drug Court reported poorer parental involvement and

poorer monitoring of children than family treatment court. There were no differences reported by the two groups in positive parenting, inconsistent discipline, or child abuse potential. Regarding mental health, Adult Drug Court parents reported poorer mental health than FTC. No differences were found between the two groups for parent-child communication skills post-traumatic stress symptom severity, or child behavior problems. relationship and promote recovery by reducing family conflict. The study concluded by saying that those who took part in Adult Drug Court verse FTC were more likely to not get reunified or reoffended. Day et al. (2020) explored the benefits of a parenting program that was a part of the family treatment court program, the Strengthening Families Program. Data for this study came from 41 parents who participated in the Strengthening Families Program from 2014 to 2018. The findings of this study showed that participants said an increase in parental warmth, positive discipline, stress management, and family organization, as well as decreases in family conflict. The study concluded stated that a Strengthening Families Program could help support families as they work through challenges amid their substance use.

Out of all the research that was done there was only one qualitative study done by Williams and Duncan. (2019) that looked that the thoughts of the participants themselves, now this is not the only study that interviewed participants but the only one that asked their thoughts and perceptions of the program. The other studies found asked them about their completion, their substance abuse, and their family, comparing two different programs or asking other individuals who were not participants.

Summary and Conclusions

This chapter supplied an overview of the theoretical framework employed in this study, which is Family Systems Theory. According to this theory, four essential components define family systems: interconnectivity among family elements, viewing the family as a whole entity, the continuous feedback loop between the family and its environment, and the family itself serving as a model for understanding, problem-solving, and learning. Family Systems Theory also examines the family's inherent rules and values, offering insights into how external influences can affect these rules and values to the family's benefit (Pratt & Skelton, 2018).

This chapter reviewed multiple research studies that showed there is a gap in the research when it comes to the perspectives of participants in family treatment court regarding the challenges, barriers, and effectiveness of the program. This insight can show treatment courts what they can do to better the program by seeing what works and what does not work directly from the participants. The studies listed talked about the reunification of FTCs. FTCs plays a crucial role in aiding parents in achieving sobriety and keeping a drug-free lifestyle, ultimately facilitating the reunification of parents with their children (Mosteiro et al., 2018). When FTCs effectively support individuals in reaching sobriety, providing guidance on living a sober life, fostering relationships with only sober contacts, and successfully reuniting them with their children, it is considered a success within the system (Gibbs & Lytle, 2020). In Chapter 3, I will discuss research design, rationale, my role as the researcher, ethnography, and issues of trustworthiness for my proposed research.

Chapter 3: Research Method

The purpose of this mixed-methods study was to gain a better understanding of the perceptions of parents who participated in FTC concerning the program's challenges, barriers, and effectiveness. The study aimed to find potential improvements that could help participants in FTC. In Chapter 3, the research design, rationale, and my role as the researcher are explained. I explain the methodology and threats to the study. Trustworthiness concerns are also addressed. The summary provides an overview of what was covered in the chapter along with a brief synopsis of what was addressed and how it helped the study move forward.

Setting

This study was conducted by sending surveys to recruit participants. There was no contact between me and the participants. This was due to the role that I had during my previous employment as a Child Protective Services worker. Some of the recruits were former clients. The setting in which the study took place was at the participants' discretion and where they felt comfortable. In the survey instructions, there was no mention of where the survey had to be completed or the environment in which the participants could complete it.

Research Design and Rationale

The research question was the following: What are the perceptions of parents who participated in family treatment court regarding the program's challenges, barriers, and effectiveness? I employed a descriptive, nonexperimental design with surveys and questionnaires administered to participants. The court gatekeeper of the FTC program

supplied the data necessary to obtain participants' addresses. All information provided by the gatekeeper was de-identified. All data entered the system contained no names or personal identifiers, ensuring the confidentiality of the participants. The collected characteristics included employment status, education level, drug of choice, prior criminal history, and mental health diagnosis. Participants were also queried about any earlier involvement in treatment court, current Child Protective Services history, the current living arrangements of their children, family support, graduation from the program, whether they graduated, and the number of program phases they completed.

The study's design prioritized safeguarding the confidentiality of the vulnerable substance abuse population, considering ongoing or potential court proceedings. To achieve this, I assigned numerical codes corresponding to participants' responses on the questionnaire. The original list of participants was accessible only to the family team coordinator and me.

Phenomenology is a research approach used by scholars to gain insights into the experiences of individuals and understand their unique perspectives on the world (Neubauer et al., 2019). Substance abuse has been a primary focus of phenomenological research, particularly as it pertains to predicting outcomes and examining how one's actions can influence the outcome (Rahmati et al., 2019). In the current study, phenomenology was employed to explore the perspectives of parents regarding the outcomes of their children's return, drawing insights from the experiences of previous participants in the FTC program.

This study aligned with the characteristics of a mixed-methods approach by including questionnaires and surveys that engaged the participants. Through this approach, I aimed to gain comprehensive insights into the participants' responses to questions, including their perceptions of what contributed to their success in the FTC program and, consequently, the reunification with their children. Upon examining the questionnaires, I found recurring patterns among the responses provided by participants (see Bloomberg & Volpe, 2019). The survey is a powerful tool when wanting to describe and understand an individual's behavior, thoughts, and personal preferences (Sturgis & Luff, 2021). It has been found that there is more likely to be a response because the survey is less personable and easier to answer for the participant. This research tradition was selected as the most suitable method for understanding the dynamic between participants and the FTC concerning parents' journey to sobriety (Sturgis & Luff, 2021).

Role of the Researcher

My role as the researcher was to illuminate the thoughts and feelings of the participants concerning the FTC. Throughout this study, I did not engage with the participants in person; instead, communication was conducted through letters sent to them. My responsibility involved crafting a questionnaire, survey, and a consent form designed to elicit participants' responses and inspire their participation in a cause greater than themselves. In this study, I positioned myself as the researcher, openly acknowledging my biases and addressing the power dynamics inherent in the researcher-participant relationship.

My relationship with the participants differed from that of most researchers. Until October 4, 2021, I was employed by Child Protective Services. I had worked with many of the clients who were surveyed for this research. Even though they were not my direct clients, some of these individuals may have remembered me from the courtroom, given my role on the FTC board and my continued involvement with the steering committee.

Most of my potential bias was a result of my having been a Child Protective Services worker. This could have influenced whether participants took part in the study because most of them had collaborated with me and knew my background in the field. This knowledge could have swayed a parent to answer one way or another, possibly biasing the study. This issue was addressed by repeatedly letting it be known to participants, including on the informed consent, that the overriding reason for this study was to help future FTC parents obtain a substance-free lifestyle.

My various roles and history with clients and court connections raised the issue of power dynamics in the study. Although I was no longer in the Child Protective Services worker role, I was likely to have been remembered by participants for having done so. Being a Child Protective Services worker put me in a position of power for some potential participants. I mitigated this by ensuring all potential recruits know this questionnaire would only be used to understand better how FTC does or does not help parents obtain and maintain a substance-free lifestyle.

Methodology

The integration of quantitative and qualitative data was done through a convergent design, meaning both forms of data were collected at the same time. This

design allowed for comparison of both types of data. This design also allowed two separate data sets to be used and the ability to compare them side by side (see Dawadi et al., 2021).

Sampling

A sample of participants was recruited through a FTC. The recruited participants included any individuals who had been through the program in the past 3 years. This included anyone who had dropped out voluntarily or was dismissed involuntarily from the program. This diversity helped with the validity of the research because so-called “passed” and “failed” participants were represented in the response pool. There were 21 participants who were recruited for the study. After receiving the information regarding the participants, I eliminated three due to incarceration or being deceased. Therefore, recruitment packets were sent to 18 participants. The participants had a variety of substance abuse issues; most could be characterized as polysubstance users (see Kaag et al., 2018). This research was designed to investigate the relationship between FTC and participants’ ability to obtain and maintain a sober, substance-free lifestyle. There were 18 individuals who met the recruitment criteria.

I used a homogeneous study population (see Hennink & Kaiser, 2022), which helped me reach data saturation earlier. This meant that the study population was contained similar individuals who came from the same county, were in front of the same judge, were offered the same services, and were overseen by the same department. Due to the selection criteria in this study, I assumed that all participants would have relatively the same experience; therefore, saturation could be reached with a lower sample size.

Instrumentation

The instruments used included a brief demographic questionnaire eliciting information about the participants' employment status, education level, drug of choice, previous criminal history, mental health diagnosis, previous participation in treatment court, Child Protective Services history, children's current living arrangement, family support, whether they graduated from the program, and (if not) how many phases of the program they completed. Participants were also given a self-reporting survey asking about their thoughts regarding FTC and how it helped them with their sobriety.

I constructed a 13-item self-report demographic questionnaire to obtain information about the participants. The demographic questionnaire was used for descriptive purposes to compare findings with other studies conducted on treatment courts. The demographic questionnaire also served as a basis for future research of this kind. The questions used were identified by examining key variables used during treatment court and in previous studies on substance abuse and treatment courts.

The quantitative part was the survey consisted of questions aimed at understanding the participants' thoughts on FTC. These questions addressed how the participant was treated, whether they thought the program was fair, whether they had any concerns, whether they received help regarding their substance abuse, and whether they understood what was expected of them. The questions offered a range of responses varying from *strongly agree* to *strongly disagree*. At the end of this section, participants were asked to rate the following programs: residential treatment, intensive outpatient treatment, drug testing, self-help groups, and community groups. The questions in this

section also offered a range of responses including “poor,” “good” “excellent,” and “did not participate.” The qualitative part was a self-reporting questionnaire. Participants were given 1 questions requiring short answers addressing how they liked FTC and their thoughts on how to improve the program.

The demographic questionnaire and the self-reporting questionnaire were a combination of questions suggested by the FTC team. These questionnaires were given to the recruited participants. I reached out to the team asking for their input on questions that would help the FTC. Meetings were held with the gatekeeper, Recovery Pathways, and Bay County Family Court judge. The Bay County FTC steering committee was also contacted for their input. After receiving suggestions from the team, I developed the questionnaires. The questionnaires were circulated for feedback until all stakeholders agreed that these were the best questions to ask to acquire the responses needed to improve treatment courts.

Recruitment, Participation, and Data Collection

Participants were recruited through a FTC. The gatekeeper generated the participants’ names and information and provided it to me. The names were based on the recruitment requirements, which included anyone in the FTC program for the last 3 years. The FTC judge granted permission for the recruitment. There were 18 participants who fit the recruitment criteria. Due to this research being conducted on participants in a court-sponsored confidential treatment court, permission from the corporation counsel was also obtained. Approval from the Institutional Review Board (IRB) at Walden

University was also obtained. Research participants were given a \$20.00 Speedway gas card for their participation in the survey.

Eligibility for participants in the research consisted of individuals who had gone through or were currently taking part in the FTC and were at least 18 years or older. Consent was confirmed through the informed consent declaration during the completion of the demographic questionnaire. Participants who did not respond to Questions 1 and 2 on the demographic questionnaire were disqualified from the study. As part of the 13-item self-report demographic questionnaire, each participant was asked to answer a question regarding whether they had read the informed consent. If they did not answer the question or if they marked “no,” they were disqualified from the study.

During the data collection process, each participant was sent a questionnaire to fill out regarding their experience in the FTC program. The questionnaires were sent in vanilla envelopes that had the demographic questionnaire, the self-reporting questionnaire, the informed consent, and the recruitment letter. A deadline was supplied for the questions to be completed along with a return envelope to send the questionnaire back to the courthouse. Once the questionnaires were completed, the participants sent them back to the researcher address, where they were held in a locked file cabinet for five years after completing the research. The digital data was placed on a password-protected computer. The data was stored in a file that was also password protected.

Data Analysis Plan

Once the qualitative questionnaires were obtained, the researcher began categorizing all the answers to the questions into themes and entered them into Excel.

Once the themes were proven, they were further broken down into patterns. All of this was uploaded and recorded by the researcher. The demographic and self-report questionnaires were saved in separate Excel files. After the study was completed, themes and patterns were obtained, and graphs were created to explain the findings.

The null hypothesis for this study was that the participants who used the resources available to them through FTC were more likely to continue their substance free lifestyle. The alternative hypothesis for this study was that if the participant graduated but did not use the resources available to them, they would not be able to keep a substance free lifestyle after their children were returned to their care. The statistical testing used for this study was statistical testing used for this study was an analysis of variance testing. Variance testing is used to assess groups of populations. It is used to show significant differences in the populations (Pham et al. 2021). Variance testing was used to decide how FTC served as the dependent variable related to the participants of FTC which served as the independent variable for this study. The rationale was to evaluate the hypothesis across the participants in FTC and compare them to each other to see if there is a link on what does work and what does not work for participants sobriety.

The results were interpreted using probability values that served as indicators. An example was the likelihood of a participant to continue a substance free lifestyle after FTC was more likely if they had a positive experience and stated that the resources help them through the program. When gathering data for the study it was inherent the data was correct and consistently aligned with the research question(s) and topic.

Inductive coding was applied to the study. It allowed use of the participants own phrases to be used in their language to be used as code (Linneberg & Korsgaard, 2019). There were several coding cycles done for his research. In the first cycle the researcher came up with informational terms that included “helpful resources.” The second cycle was more refined in definition and the code went from “helpful resources” to “Recovery Pathways.” This coding was used throughout the qualitative data analysis through the questionnaires.

The idea in this study was to use both quantitative and qualitative data to address the research topic and research questions. Quantitative data collected served as a reference on how the participants thought the FTC program worked for them. The qualitative data requirements were met by the short answer questionnaires. Baseline for the number of interviews needed to support the qualitative data requirement. Once saturation was achieved through the questionnaires then quantitative data was used to justify the conclusion of the group. The statistical data supplied an overall number of how the participants thought of FTC program. Qualitative questionnaires supplied data showing exactly what the participants think needs to happen to a better FTC.

Threats to Validity

The potential threat to internal validity was attrition. This was since there was no one making the participants do the study. The pool of participants was not that big and therefore if there were not enough packets returned then the study would not meet saturation. Another threat to internal validity was the truthfulness of the participants. This could affect the outcomes of the survey. A participant may not want to admit that they are

still using it but have their kids in their care due to it sparking another child welfare case. This was combated by making sure that it was saying how important anonymity is to the study. There was minimal impact on external validity in this study as the recruitment criteria were so low. This study had no criteria except being a part of a FTC program. That means that any FTC program could use this study to expand on.

There was one threat to construct validity that was found in the current study. This was if the participants in the study did not answer the questions the way that the researcher intended them to be answered. If this happens then the research could not show the results wanted to accurately reflect the research question.

Issues of Trustworthiness

This study was overly sensitive as it was conducted on a vulnerable population. Vulnerable populations include individuals who are disadvantaged or marginalized due to social circumstances (Barken et al., 2018). Therefore, privacy and anonymity were significant aspects of the research. This safeguarding was addressed in several ways: Walden University Institutional Review Board's approval was sought, the questionnaire did not contain any identifying information and was linked to a number, and the master list was only accessible to the coordinator and researcher. The purpose of keeping records of participants with the coordinator and researcher was to mail back the incentive Visa gift card to those returning the questionnaire. Participants confirmed that they had read and understood the Informed Consent and agreed to the consent. Physical data was kept in a locked safe, and digital data on a password-protected computer.

Ethical Procedures

All agreements needed to gain access to participants and data was two-fold. For the researcher to get access to any participant information the researcher had to go through the Institutional Review Board. A request was sent for the study and approval was obtained. When the Institutional Review Board approved my request, #05-12-23-1040964, then the researcher could obtain the information needed to recruit participants and mail out the packets. Once the packets were obtained by the participants there was an informed consent paper in the packet. The participants had to mark that they read and understood the informed consent on the demographic questionnaire. There was no personal information on either of the questionnaires that were to be returned. Ethical concerns relating to recruitment were minimal, this was since the researcher was never given any identifying information from the gatekeeper. There also was extraordinarily little concern when it came to data collection as the data was mailed in a pre-labeled envelope to the researcher's address. Once the data was collected it was kept in a locked safe with a combination. The data that was digital was kept on a password protected computer in a password protected file.

Summary

This study was a mixed method design that examined the thoughts of participants who had been through the FTC program. The study considered why participants believed they were able to either obtain and keep a substance-free lifestyle or not. Additionally, the study scrutinized whether FTC played a role in this and if that role helped or hindered it. The measurements used included a demographic questionnaire that asked questions

about employment status, education level, drug of choice, earlier criminal history, mental health diagnosis, any previous participation in treatment court, any current CPS history, their children's present living condition, family support, and whether they graduated from the program. A self-reporting questionnaire asked about how the participant was treated, if they thought the program was fair, if there was concern for the participant, if they received help about their substance abuse, and if they understood what was expected of them. The questions in this section offered a range of responses varying from '*strongly agree*' to '*strongly disagree*.' At the end of this section, participants were asked to rate the following programs: residential treatment, intensive outpatient treatment, drug testing, self-help groups, and community groups. These questionnaires were collaboratively developed by the researcher working with the FTC team and other key stakeholders, as discussed. The data in this research was self-analyzed by the researcher using Excel while maintaining strict regard for safeguarding participants, as outlined. In Chapter 3, included was research design and rationale, methodology, data collection, data analysis plan, threats to validity and reliability, consent, ethical consideration and procedures and summary. Chapter 4 will include introduction, setting, demographics, data collection, data analysis, results, evidence of trustworthiness and summary.

Chapter 4: Results

This mixed-methods study aimed to better understand the perceptions of parents who participated in FTC regarding the program's challenges, barriers, and effectiveness. This study was guided by the following research question: What are the perceptions of parents who participated in family treatment court regarding the program's challenges, barriers, and effectiveness? In this chapter, the results of this study are explained through data management, data organization, and data processing, including the raw data used. The participants' demographics are provided along with the questions asked in the survey. I determined the codes and themes used to answer the research question. Chapter 4 include the setting, demographics, data collection, data analysis, results, evidence of trustworthiness, and a summary.

Setting

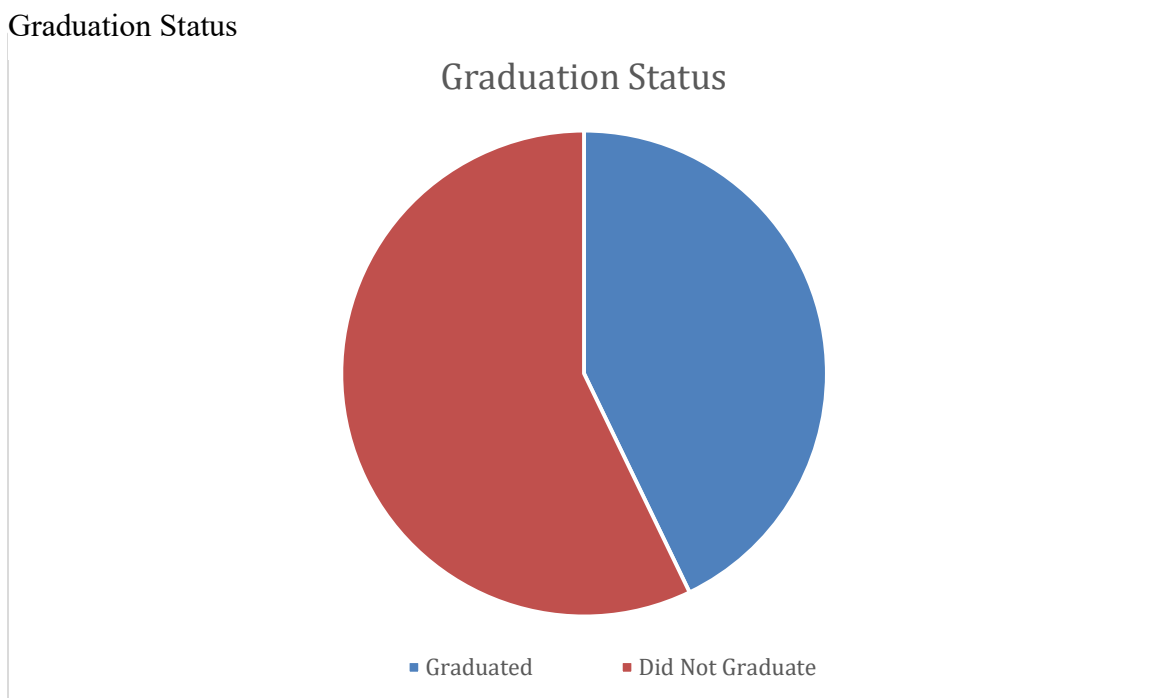
This study was conducted by sending surveys to recruit participants. There was no contact between me and the participants due to the role that I had during my previous employment as a Child Protective Services worker. Some of the recruits were former clients. Each prospective participant received an envelope addressed to them and mailed to their last known address. During the recruitment process, I kept the study confidential. To help with this, I placed a label on every envelope stating "the information in this envelope is confidential and is only to be opened by the intended recipient." This was also done to follow the confidentiality requirements of the FTC. Once the envelope was opened, the first thing that the participant saw was the consent form, which addressed confidentiality. Also, in the packet were the demographic form and self-survey forms.

Lastly, the packet had an envelope that was preaddressed and prestamped with my address.

Demographics

All participants had standard demographics, including men and women who had gone through a FTC. This question was not listed on the demographic form because it was not relevant to the study. All participants had a drug of choice but had various levels of use. There were differences in education and employment status among the participants, as well as any earlier or current criminal history. Lastly, there were differences in whether they continued to use self-help groups once out of FTC. The results of the demographics survey showed that 43% ($n = 3$) of participants graduated from the program, while 57% ($n = 4$) did not graduate (see Figure 1).

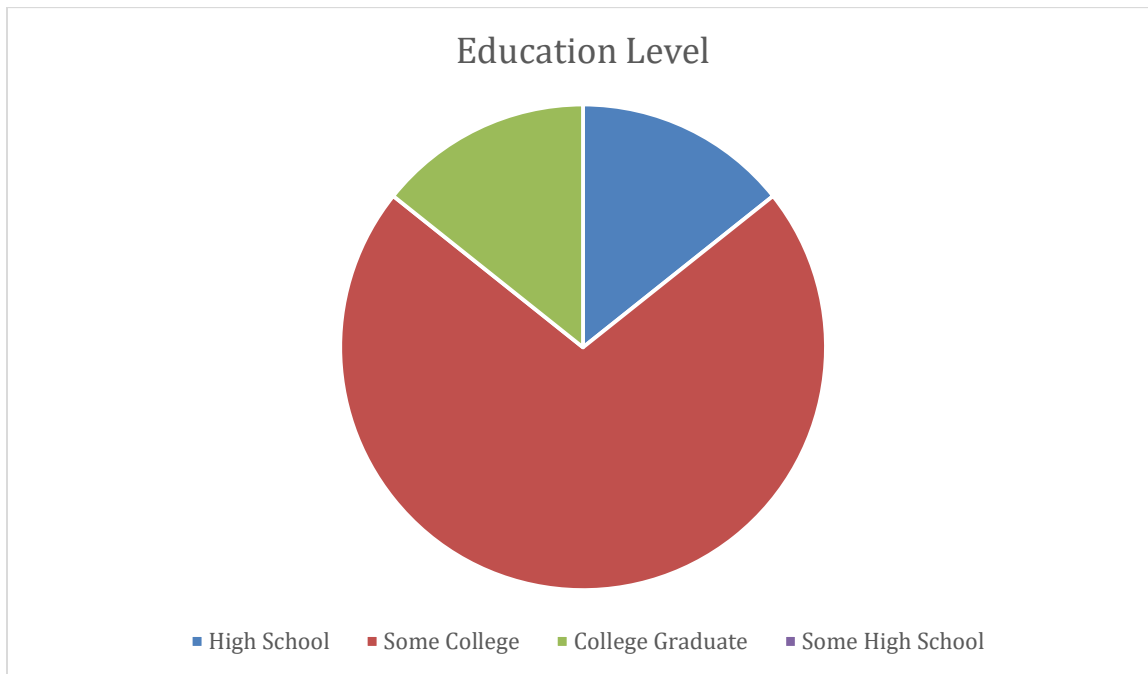
Figure 1.



Out of the seven participants, 14% ($n = 1$) completed only high school, 71% ($n = 5$) attended some college, and 14% ($n = 1$) had a college degree (see Figure 2).

Figure 2.

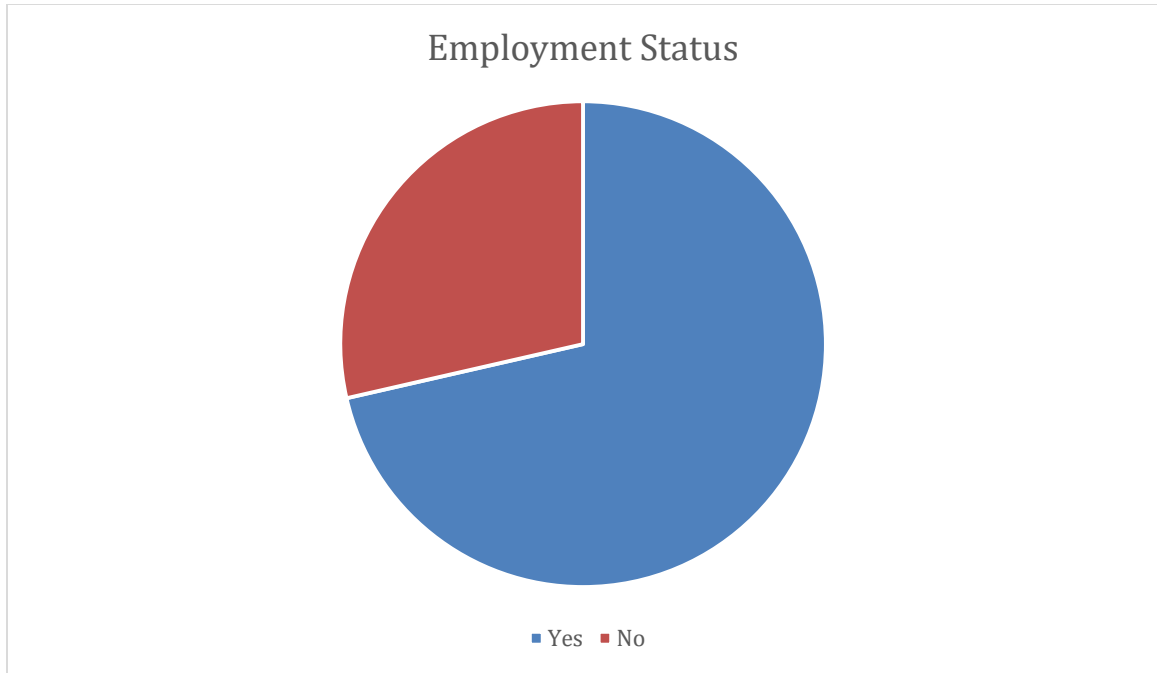
Education Level



Five of the participants (71%) indicated that they were employed (see Figure 3).

Figure 3.

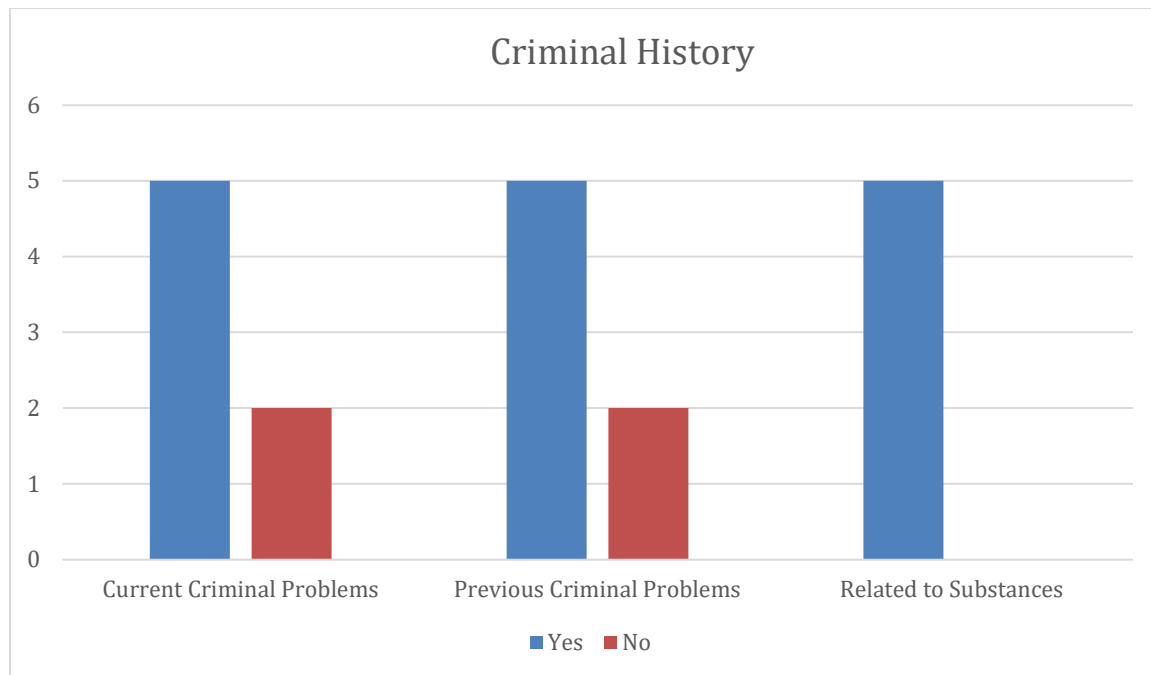
Employment Status



Additionally, five (71%) participants reported having a current criminal problem, and all five stated that their criminal problems were related to substance use (see Figure 4).

Figure 4.

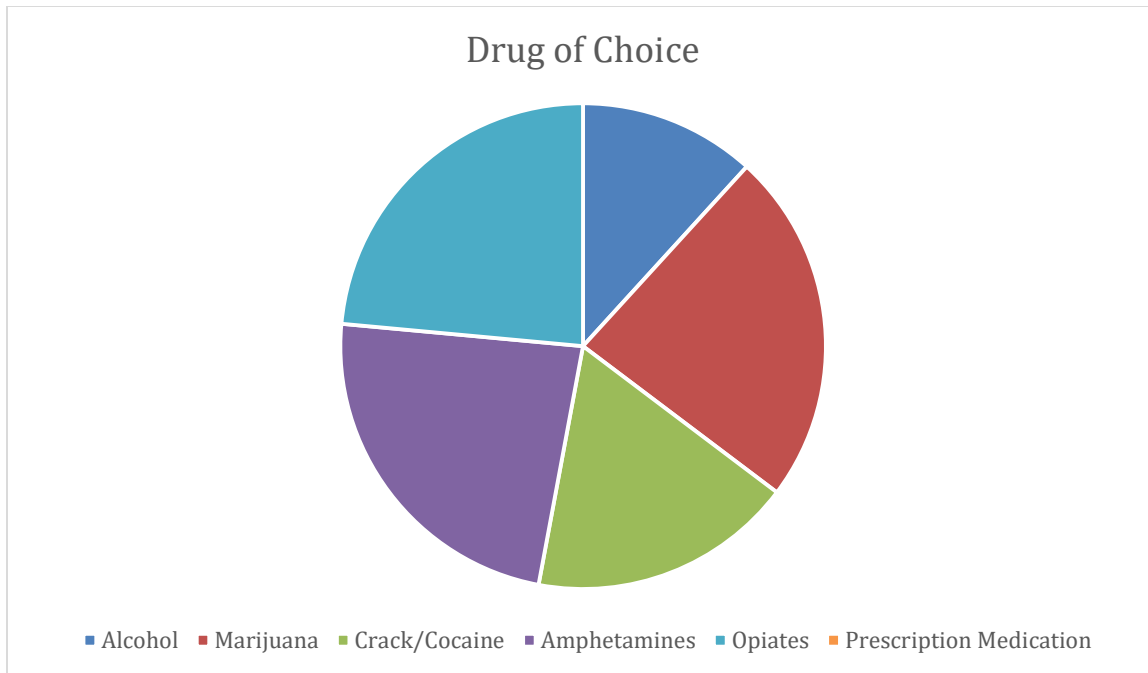
Criminal History



Participants were asked to specify their drug of choice from a list including alcohol, marijuana, crack/cocaine, amphetamines, opiates (pain medications), sedatives/hypnotics (barbiturates/diazepines), hallucinogens (such as LSD), PCP, prescription medication, and other. Out of the seven participants, 29% ($n = 2$) selected alcohol, 57% ($n = 4$) chose marijuana, 43% ($n = 3$) selected crack/cocaine, 57% ($n = 4$) chose amphetamines, 57% ($n = 4$) opted for opiates (pain medications), 0% chose sedatives/hypnotics (barbiturates/diazepines), 0% preferred hallucinogens (such as LSD), 0% selected PCP, 14% ($n = 1$) chose prescription medication, and none selected “other” (see Figure 5).

Figure 5.

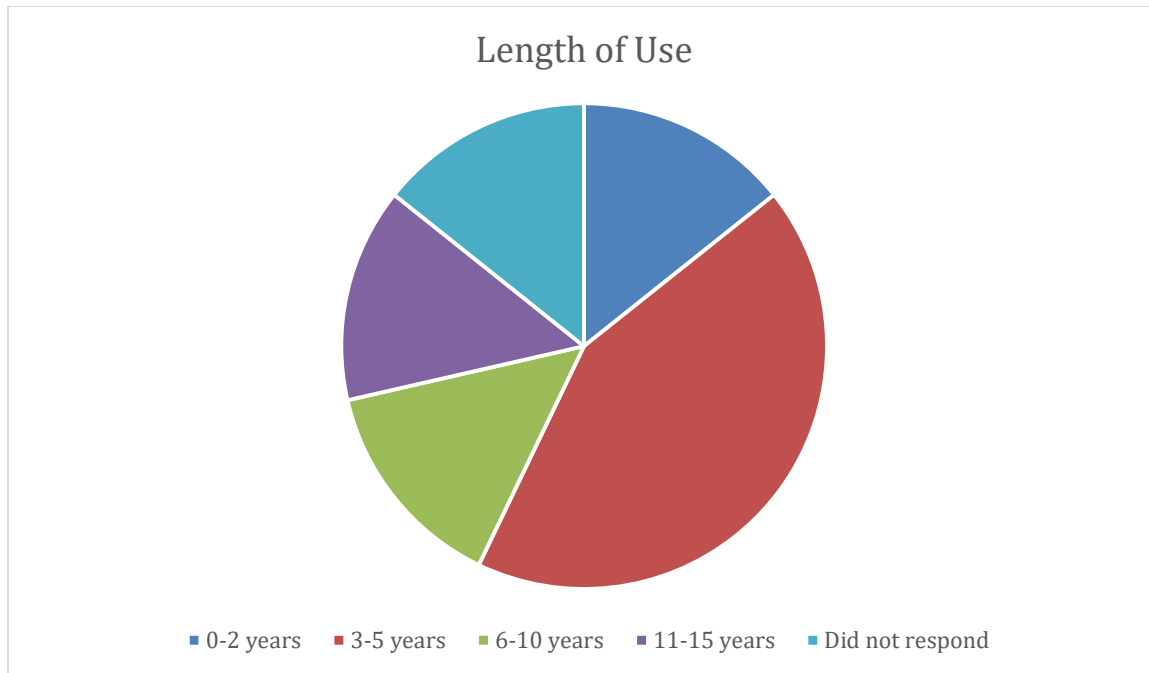
Drug of Choice



Next, participants stated how many years they had been using substances: 14% ($n = 1$) reported 0–2 years, 43% ($n = 3$) reported 3–5 years, 14% ($n = 1$) reported 6–10 years, and 14% ($n = 1$) chose 11–15 years; one participant did not answer (see Figure 6).

Figure 6.

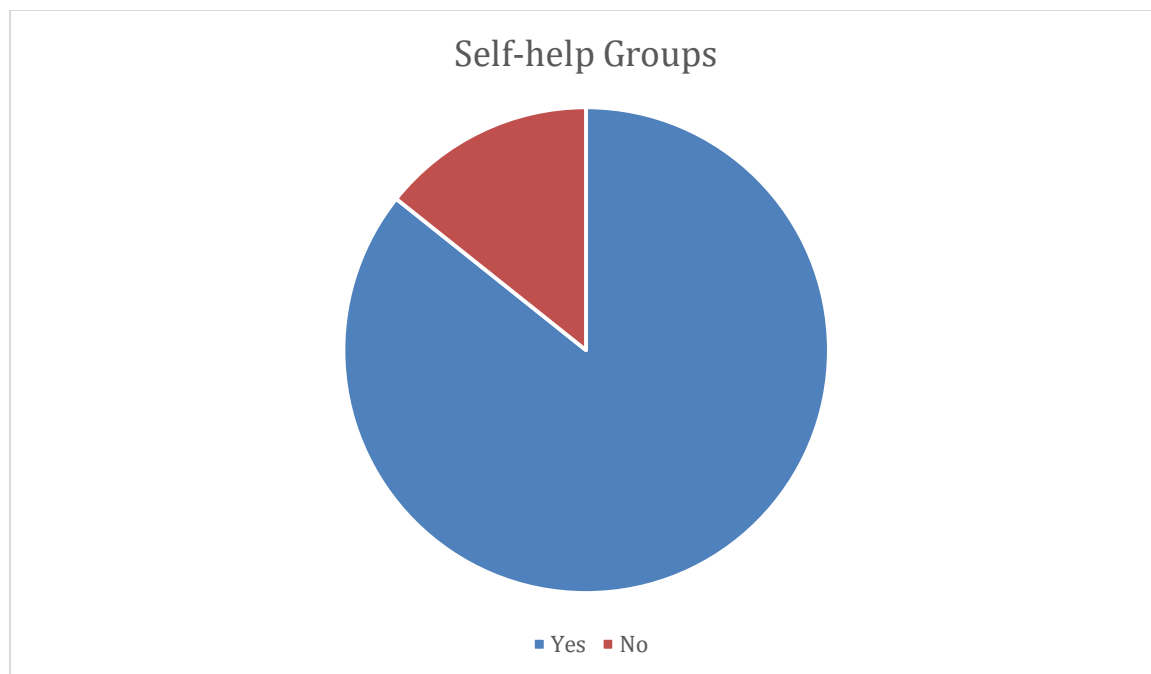
Length of Use



Lastly, the participants were asked whether they continued to use self-help groups; 84% ($n = 6$) stated that they did, and 14% ($n = 1$) stated that they did not (see Figure 7).

Figure 7.

Self-Help Groups

**Data Collection**

IRB approval was granted on May 26, 2023. Following this approval, access to the names and addresses of the FTC participants was obtained. Thirty-one individuals fit the parameters of the survey. Once I was given the names of the potential participants, three were excluded due to being deceased or incarcerated. Therefore, surveys were sent to 18 individuals on June 1, 2023, with a deadline of June 23, 2023. I did not receive any surveys back. A second round was mailed on July 10, 2023. For this round, I placed a sticker on the envelope that said “a chance to earn a \$20.00 gas card” with a deadline of August 1, 2023. The address where the surveys were sent was checked daily at 8:00 a.m. By the deadline, seven surveys were sent back to the address. There were also three envelopes that were returned as undeliverable. Seven surveys were returned to me; these

surveys were used to conduct the study's results. Not all of the surveys that were returned were completed in their entirety.

Quantitative Data Analysis

In the quantitative survey, questions were asked that consisted of agree/disagree responses. Participants were asked to select from the following options: *strongly agree*, *agree*, *neutral*, *disagree*, and *strongly disagree*. In Part 1, participants were asked to circle the answer that best described their feelings about the FTC program. For the question "The FTC team treated me with respect," 71% ($n = 5$) strongly agreed, 14% ($n = 1$) agreed, and 14% ($n = 1$) were neutral (see Table 1).

Table 1.

Part 1 Question 1 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	5	71%	71%	71%
Agree	1	14%	14%	86%
Neutral	1	14%	14%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

Responses to the question "The FTC team was fair" included 71% ($n = 5$) strongly agreed and 29% ($n = 2$) agreed (see Table 2).

Table 2.

Part 1 Question 2 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	5	71%	71%	71%
Agree	2	29%	29%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

Answers to the question, “The FTC team was concerned about me,” were 71% ($n=5$) strongly agree and 29% ($n=2$) agree (see Table 3).

Table 3.

Part 1 Question 3 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	5	71%	71%	71%
Agree	2	29%	29%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

When asked if “Visits with the FTC team helped me stay substance-free,” 43% ($n=3$) strongly agreed, 43% ($n=3$) agreed, and 14% ($n=1$) were neutral (see Table 4).

Table 4.

Part 1 Question 4 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	3	43%	43%	43%
Agree	3	43%	43%	86%
Neutral	1	14%	14%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	33%	

The final question in this part asked if “The FTC team expected too much from me,” and responses were as follows: 14% ($n=1$) agree, 14% ($n=1$) neutral, 43% ($n=3$) disagree, and 29% ($n=2$) strongly disagree (see Table 5).

Table 5.

Part 1 Question 5 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	0	0%	0%	0%
Agree	1	14%	14%	14%
Neutral	1	14%	14%	29%
Disagree	3	43%	43%	71%
Strongly disagree	2	29%	29%	100%
Total	7	100%	100%	

The following table (6) shows an overview of the responses from part one of the survey questions. For this question 93% of the participants either agreed or strongly disagreed with positive feelings regarding the Family Treatment Court. The validity of these responses was high since everyone answered the questions and there was no missing data.

Table 6.

Part 1 Overview

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	18	64%	64%	64%
Agree	8	29%	29%	93%
Neutral	2	7%	7%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	28	100%	133%	

In part two, participants were asked to circle the answer that best describes their feelings about the Judge. For the question, “The Judge treated me with respect,” 71% ($n=5$) strongly agreed, 14% ($n=1$) agreed, and 14% ($n=1$) disagreed (see Table 7).

Table 7.

Part 2 Question 1 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	5	71%	71%	71%
Agree	1	14%	14%	86%
Neutral	0	0%	0%	86%
Disagree	1	14%	14%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

Responses to the question, “The Judge was fair,” included 57% ($n=4$) strongly agreed, 29% ($n=2$) agreed, and 14% ($n=1$) were neutral (see Table 8).

Table 8.

Part 2 Question 2 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	4	57%	57%	57%
Agree	2	29%	29%	86%
Neutral	1	14%	14%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

For the question, “The Judge was concerned about me,” 71% ($n=5$) strongly agreed, 14% ($n=1$) agreed, and 14% ($n=1$) were neutral (see Table 9).

Table 9.

Part 2 Question 3 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	5	71%	71%	71%
Agree	1	14%	14%	86%
Neutral	1	14%	14%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

When asked if “Visits with the Judge helped me stay substance-free,” 43% ($n=3$) strongly agreed and 57% ($n=4$) agreed (see Table 10).

Table 10.

Part 2 Question 4 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	3	43%	43%	43%
Agree	4	57%	57%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

The final question in this part asked if “The Judge expected too much from me,” and responses were as follows: 14% ($n=1$) strongly agree, 14% ($n=1$) neutral, 43% ($n=3$) disagree, and 29% ($n=2$) strongly disagree (see Table 11).

Table 11.

Part 2 Question 5 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	1	14%	14%	14%
Agree	0	0%	0%	14%
Neutral	1	14%	14%	29%
Disagree	3	43%	43%	71%
Strongly disagree	2	29%	29%	100%
Total	7	100%	100%	

The following table (12) shows an overview of the responses from part two of the survey questions. For this question 90% of the participants either agreed or strongly disagreed with the positive feelings regarding the Judge. The validity of these responses was high since everyone answered the questions and there was no missing data.

Table 12.

Part 2 Overview

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	17	61%	61%	61%
Agree	8	29%	29%	59%
Neutral	2	7%	7%	96%
Disagree	1	4%	4%	100%
Strongly disagree	0	0%	0%	100%
Total	28	100%	133%	

Part three asked the participants to circle the answer that best describes their feelings about the FTC coordinator. For the question, “The FTC coordinator treated me with respect,” 84% ($n=6$) strongly agreed, and 14% ($n=1$) agreed (see Table 13).

Table 13.

Part 3 Question 1 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	6	86%	86%	86%
Agree	1	14%	14%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

Responses to the question, “The FTC coordinator was fair,” included 84% ($n=6$) strongly agreed, and 14% ($n=1$) agreed (see Table 14).

Table 14.

Part 3 Question 2 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	6	86%	86%	86%
Agree	1	14%	14%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

For the question, “The FTC coordinator was concerned about me,” 71% ($n=5$) strongly agreed, and 29% ($n=2$) agreed (see Table 15).

Table 15.

Part 3 Question 3 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	5	71%	71%	71%
Agree	2	29%	29%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

When asked if “Visits with the FTC coordinator helped me stay substance-free,” 84% ($n=6$) strongly agreed, and 14% ($n=1$) agreed (see Table 16).

Table 16.

Part 3 Question 4 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	6	86%	86%	86%
Agree	1	14%	14%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

The final question in this part asked if “The FTC coordinator expected too much from me,” with responses as follows: 14% ($n=1$) neutral, 43% ($n=3$) disagreed, and 43% ($n=3$) strongly disagreed (see Table 17).

Table 17.

Part 3 Question 5 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	0	0%	0%	0%
Agree	0	0%	0%	0%
Neutral	1	14%	14%	14%
Disagree	3	43%	43%	57%
Strongly disagree	3	43%	43%	100%
Total	7	100%	100%	

The following table (18) shows an overview of the responses from part three of the survey questions. For this question 100% of the participants either agreed or strongly disagreed with the positive feelings regarding the FTC coordinator. The validity of these responses was high since everyone answered the questions and there was no missing data.

Table 18.

Part 3 Overview

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	23	82%	82%	82%
Agree	5	18%	18%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	28	100%	133%	

In part four, participants were asked to circle the answer that best describes their feelings about the substance abuse treatment center. For the question, “The substance abuse treatment center treated me with respect,” 67% ($n=4$) strongly agreed, 17% ($n=1$) agreed, and 17% ($n=1$) were neutral (see Table 19).

Table 19.

Part 4 Question 1 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	4	67%	57%	67%
Agree	1	17%	14%	83%
Neutral	1	17%	14%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	6	86%	86%	

Responses to the question, “The substance abuse treatment center was fair,” included 67% ($n=4$) strongly agreed, 17% ($n=1$) agreed, and 17% ($n=1$) (see Table 20).

Table 20.

Part 4 Question 2 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	4	67%	57%	67%
Agree	1	17%	14%	83%
Neutral	1	17%	14%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	6	86%	86%	

For the question, “The substance abuse treatment center concerned about me,” 83% ($n=5$) strongly agreed, and 17% ($n=1$) agreed (see Table 21).

Table 21.

Part 4 Question 3 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	5	83%	71%	83%
Agree	1	17%	14%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	6	86%	86%	

When asked if “Visits with the substance abuse treatment center helped me stay substance-free,” 67% ($n=4$) strongly agreed and 33% ($n=2$) agreed (see Table 22).

Table 22.

Part 4 Question 4 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	4	67%	57%	67%
Agree	2	33%	29%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	6	86%	86%	

The final question in this part asked if “The substance abuse treatment center expected too much from me,” with responses as follows: 17% ($n=1$) neutral, 50% ($n=3$) disagreed, and 33% ($n=2$) strongly disagreed (see Table 23).

Table 23.

Part 4 Question 5 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	0	0%	0%	0%
Agree	0	0%	0%	0%
Neutral	1	17%	14%	17%
Disagree	3	50%	43%	67%
Strongly disagree	2	33%	29%	100%
Total	6	86%	86%	

The following table (24) shows an overview of the responses from part four of the survey questions. For this question 92% of the participants either agreed or strongly disagreed with the positive feelings regarding the substance abuse treatment facility. The validity of these responses was high but lower than the previous three parts due to there being one participant who did not respond. The participants stated that they did not respond due to not remembering working with this service. This puts a positive spin on

the validity as it shows that the participant was truthful and did not make up answers when they were unsure.

Table 24.

Part 4 Overview

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	17	71%	71%	71%
Agree	5	21%	21%	92%
Neutral	2	8%	8%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	24	100%	100%	

In part five, participants were asked to circle the answer that best describes their overall experience in FTC. For the question, “It helped me appear in court regularly,” 57% ($n=4$) strongly agreed, 14% ($n=1$) agreed, and 14% ($n=1$) were neutral (see Table 25).

Table 25.

Part 5 Question 1 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	4	57%	57%	57%
Agree	1	14%	14%	71%
Neutral	1	14%	14%	86%
Disagree	0	0%	0%	86%
Strongly disagree	0	0%	0%	86%
Total	6	86%	86%	

Responses for the question, “It helped me report to my case worker regularly,” were 84% ($n=6$) strongly agreed, and 14% ($n=1$) agreed (see Table 26).

Table 26.

Part 5 Question 2 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	6	86%	86%	86%
Agree	1	14%	14%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

When asked if “It helped me attend treatment regularly,” 84% ($n=6$) strongly agreed, and 14% ($n=1$) agreed (see Table 27).

Table 27.

Part 5 Question 3 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	6	86%	86%	86%
Agree	1	14%	14%	100%
Neutral	0	0%	0%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

The question, “Visits with FTC helped me think my participation in FTC will help me avoid substance use in the future,” received responses of 57% ($n=4$) strongly agreed, 29% ($n=2$) agreed, and 14% ($n=1$) were neutral (see Table 28).

Table 28.

Part 5 Question 4 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	4	57%	57%	57%
Agree	2	29%	29%	86%
Neutral	1	14%	14%	100%
Disagree	0	0%	0%	100%
Strongly disagree	0	0%	0%	100%
Total	7	100%	100%	

The final question in this part asked if “I was personally helped through my participation in FTC,” with responses as follows: 71% ($n=5$) strongly agreed, 14% ($n=1$) disagreed, and 14% ($n=1$) strongly disagreed (see Table 29).

Table 29.

Part 5 Question 5 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	5	71%	71%	71%
Agree	0	0%	0%	71%
Neutral	0	0%	0%	71%
Disagree	1	14%	14%	86%
Strongly disagree	1	14%	14%	100%
Total	7	100%	100%	

The following table (30) shows an overview of the responses from part five of the survey questions. For this question 88% of the participants either agreed or strongly disagreed with the positive feelings regarding their overall experience in FTC. The validity of these responses was high since everyone answered the questions and there was no missing data.

Table 30.

Part 5 Overview

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Strongly agree	26	74%	74%	74%
Agree	5	14%	14%	89%
Neutral	2	6%	6%	94%
Disagree	1	3%	3%	97%
Strongly disagree	1	3%	3%	100%
Total	35	100%	100%	

Part six asked participants to rate each of the following programs by circling the answer that best describes their opinion. If you did not participate in the program as a part of FTC, then circle “did not participate.” For residential treatment, 14% ($n=1$) rated it as poor, 14% ($n=1$) rated it as excellent, and 71% ($n=5$) did not participate (see Table 31).

Table 31.

Part 6 Question 1 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Poor	1	14%	14%	14%
Good	0	0%	0%	14%
Excellent	1	14%	14%	29%
Did not participate	5	71%	71%	100%
Total	7	100%	100%	

For intensive outpatient treatment, 29% ($n=2$) rated it as good, 57% ($n=4$) rated it as excellent, and 14% ($n=1$) did not participate (see Table 32).

Table 32.

Part 6 Question 2 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Poor	0	0%	0%	0%
Good	2	29%	29%	29%
Excellent	4	57%	57%	86%
Did not participate	1	14%	14%	100%
Total	7	100%	100%	

For drug testing, 43% ($n=3$) rated it as good and 57% ($n=4$) rated it as excellent.

For AA/NA/Self-help groups, 43% ($n=3$) rated it as good, and 57% ($n=4$) rated it as excellent (see Table 33).

Table 33.

Part 6 Question 3 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Poor	0	0%	0%	0%
Good	3	43%	43%	43%
Excellent	4	57%	57%	100%
Did not participate	0	0%	0%	100%
Total	7	100%	100%	

For community groups, 43% ($n=3$) rated it as good, and 57% ($n=4$) rated it as excellent (see Table 34).

Table 34.

Part 6 Question 4 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Poor	0	0%	0%	0%
Good	3	43%	43%	43%
Excellent	4	57%	57%	100%
Did not participate	0	0%	0%	100%
Total	7	100%	100%	

The following table (35) shows an overview of the responses from part six of the survey questions. For this question 82% of the participants stated either good or excellent with positive feelings regarding their overall programs in FTC. The validity of these responses was high since everyone answered the questions and there was no missing data.

Table 35

Part 6 Overview

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Poor	1	3%	3%	3%
Good	11	31%	31%	34%
Excellent	18	51%	51%	86%
Did not participate	5	14%	14%	100%
Total	35	100%	100%	

The last part of this section asked about how they felt now regarding their ability to continue their sobriety. They could choose from very confident, confident, neutral, less confident, and not confident. For the question, "I have all the tools I need to stay substance-free," the answers were 71% ($n=5$) very confident, 14% ($n=1$) confident, and 14% ($n=1$) neutral (see Table 36).

Table 36.

Part 7 Question 1 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Very confident	5	71%	71%	71%
Confident	1	14%	14%	86%
Neutral	1	14%	14%	100%
Less confident	0	0%	0%	100%
Not at all confident	0	0%	0%	100%
Total	7	100%	100%	

For the question, “I have all the support I need to stay substance-free,” the answers were 84% ($n=6$) very confident and 14% ($n=1$) neutral (see Table 37).

Table 37.

Part 7 Question 2 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Very confident	6	86%	86%	86%
Confident	0	0%	0%	86%
Neutral	1	14%	14%	100%
Less confident	0	0%	0%	100%
Not at all confident	0	0%	0%	100%
Total	7	100%	100%	

For the question, “I am no longer communicating with the wrong people,” the answers were 71% ($n=5$) very confident, 14% ($n=1$) confident, and 14% ($n=1$) neutral (see Table 38).

Table 38.

Part 7 Question 3 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Very confident	5	71%	71%	71%
Confident	1	14%	14%	86%
Neutral	1	14%	14%	100%
Less confident	0	0%	0%	100%
Not at all confident	0	0%	0%	100%
Total	7	100%	100%	

For the question, “I can deal with triggers in a healthy way,” the answers were 57% ($n=4$) very confident, 29% ($n=2$) confident, and 14% ($n=1$) neutral (see Table 39).

Table 39.

Part 7 Question 4 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Very confident	4	57%	57%	57%
Confident	2	29%	29%	86%
Neutral	1	14%	14%	100%
Less confident	0	0%	0%	100%
Not at all confident	0	0%	0%	100%
Total	7	100%	100%	

For the last question in this series, “I know that I could stay away from substances if I offered,” the answers were 71% ($n=5$) very confident, 14% ($n=1$) confident, and 14% ($n=1$) neutral (see Table 40).

Table 40.

Part 7 Question 5 Results

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Very confident	5	71%	71%	71%
Confident	1	14%	14%	86%
Neutral	1	14%	14%	100%
Less confident	0	0%	0%	100%
Not at all confident	0	0%	0%	100%
Total	7	100%	100%	

The following table (41) shows an overview of the responses from part seven of the survey questions. For this question 85% of the participants stated either re very confident or confident in their ability to remain substance free. The validity of these responses was high since everyone answered the questions and there was no missing data.

Table 41.

Part 7 Overview

Valid	Frequency	Percentage	Valid percentage	Cumulative percentage
Very confident	25	71%	71%	71%
Confident	5	14%	14%	86%
Neutral	5	14%	14%	100%
Less confident	0	0%	0%	100%
Not at all confident	0	0%	0%	100%
Total	35	100%	100%	

Qualitative Data Analysis

Appendix C is the self-reporting questionnaire that was used for the qualitative portion of the study. This questionnaire consisted of eleven open-ended questions for each participant to respond to. This questionnaire was sent out in a packet for the

participants to fill out then mail back. There was one questionnaire that was not filled out when mailed back and throughout the questionnaires there were five answers that stated “NA”. In using content analysis on the student participants’ responses to each question the following concepts and themes emerged.

Analysis of Responses to Question 1

The questionnaire that was given out started with the question: “What did you like best about FTC?” When looking at question one’s responses it was clear that there was a main theme, support. “I liked best about FTC is all the support that I felt the love I needed when it felt like no one else was loving or supporting properly” was one of the responses given by a participant. Another stated “The support system. The positive encouragement.” Every answer to this question had to do with the support that was given throughout the program. There were other points in the answers as well including: “I liked the strict policies that helped to hold me accountable. The team was exceedingly kind and caring.” The overall theme for this question was that all participants felt that the support that is given throughout the program is the best part of the program. This will be seen again in other questions as well.

Analysis of Responses to Question 2

In question two participants were asked, “What did you like least about FTC?” This question did not have a theme that stuck out so fast. For starters there were two participants that wrote “NA” for this question. Two participants said that the amount of time or number of things having to be done in a certain time was their least favorite. One participant stated, “I understood it was important to stay busy, but I often felt

overwhelmed.” Another participant said, “Dropping three times a week.” This refers to the number of times that participants must give a urine sample for drug testing purposes; this would fall in line with the theme of time restraints. Another participant stated that the emotional toll that is took on her was her least favorite, but she does end her comment by saying “the emotional toll is what I needed to grow.” This participant also stated, “I appreciated the judge and FTC coordinator and case worker,” This again is getting into the theme that there was for question one, the support throughout the program.

Analysis of Responses to Question 3

For the third question participants were asked, “What incentives were most meaningful to you?” There were two different themes that appeared in this question. The first theme was regarding recognition, moving forward in the program and being able to show themselves they can do it. One participant stated, “The positive recognition for all my hard work.” Another stated “Honestly any praise/recognition meant the world in my early recovery.” The other theme that emerged was getting their kids back. Two participants just stated, “Getting my kids home” and “My kids.” Lastly the same theme from question one emerged again as well with a participant stating that “Reach for help when you need it, a whole team backing me felt so good!”

Analysis of Responses to Question 4

With question four the participants were asked, “What sanctions were most meaningful to you?” Two participants stated “NA” and one stated “NA, peer 360 is amazing.” But again, here is that theme of support coming through on another question. One participant stated that “definitely writing the letter of my life help me rethink the

negativity I thought my life was surrounded with.” Another stated “Jail time=incentive enough.” Lastly a participant stated that “any of the sanctions that had me move backward was enough to keep me on the right track forward instead of backwards”.

Because of the lack of responses that followed a liner path to a theme it makes me believe that there are not so many different ways that a participant can look at a sanction, from being held back and maybe not getting their kids back in a timely manner, to making them think about the past and what there life looks like, to just plain going to jail.

Analysis of Responses to Question 5

For question five all the participants were asked, “What suggestions do you have to improve FTC?” This question showed a theme that has been used through the questionnaire, the program works. Two participants stated, “the program worked well for me” and “I cannot think of anything...I graduated and made it for a reason from the help of this program.” This shows again that there is not too much the participants would change about the program itself. Another theme that has been brought up in the past questions also emerged, which had to do with time restraints on the participants, which was also a theme in question two. Two participants answered that stated, “Somehow ease up on the schedule” and “maybe a more laid-back environment.”

Analysis of Responses to Question 6

With the sixth question the participants were asked “If you could do it again, would you go through treatment court? Why or why not?” Five out of the six questions answered that that they would go through the program with two adding “let’s hope I don’t have to” and “I am glad that I will not have too.” Other positive things that were

stated about the program included “It is the best solution for struggling addicts,” I understand now how much I would need the support,” and “It has been very beneficial in figuring out my life.”

Analysis of Responses to Question 7

Question seven asked “What did you think of the overall service provided?” Every participant had a positive answer to this question. Some of the responses were “Awesome! Kind, caring,” “Mostly all were great,” “They were great,” “Respectful and non-judgmental,” “They’re good” and “I appreciated everyone.” This theme is one that we keep seeing again and again. The services and service providers truly made a difference in these participants’ lives for the better.

Analysis of Responses to Question 8

In question eight the participants were asked, “What did you think of your service plan and treatment goal?” When first looking at the question there were three themes that emerged, it was tailored to the participant, talking about the length, and there should have been more thought put into it. I merged the first two into one theme of positive response for the program two of these responses were, “It was designed just for me” and “it was just for me.” The next theme was about the length of the services plan and treatment goal, “It was just the right length” was stated. The only answer that I would put into the negative category was “I didn’t put a challenging enough end goal” This participant also states that “I didn’t put enough thought into it.” This makes me believe that the participant was saying that when she made the end goal with the worker and wishes that it would have been more challenging.

Analysis of Responses to Question 9

Question nine asked, “Do you remain substance-free after leaving the FTC program? Have you relapsed since treatment court?” Although the answer to this question very from “I am still substance free, 5 years,” to “I did not relapse on drugs, but I have socially drank” every participant stated that they are still substance free except one who just stated “yes.” I did want to point out one answer that stuck out, “Everyone’s recovery journey is different. I personally did not remain completely substance free. I had three times for my 21st birthday where I wanted the experience with the people I trust and love- my father, son’s grandma, I ordered a legal drink. And since, I haven’t touched a drink again. Still feels dirty to me, so I just prefer zero substances all together. The way to go.” I wanted to shar this quote as the participant gave a real, truthful, raw answer.

Analysis of Responses to Question 10

In question ten the participants were asked, “Do you continue in treatment? If so, what kind?” Two themes emerged when this question was reviewed, yes or no. Three participants stated “yes” and both stated, “NA program.” The other two participants stated no but two participants had explanations, “I still keep in touch with NA groups and the good people who are involved” and “I reach out to friends and family when things get to be too much.” This question shows that even after the program is complete most of the participants are still using the practices that they were taught in the program.

Analysis of Responses to Question 11

The final question stated, “After answering all those questions, please explain your overall experience in treatment court.” Four out of five participants stated that they

had a positive overall experience in the program, some quotes are “I am/remain incredibly grateful and thankful,” “without FTC I don’t think I would be sober and made it this far in my life,” “Successful,” and “It helped me learn a lot and better myself.” The only negative comment that was made stated, “It was a bit too demanding for me.... It just wasn’t meant for me.” There was one participant who stated yes to the question “Do you remain substance-free after leaving the FTC program? Have you relapsed since treatment court?” This participant stated, “I relapsed after treatment court but I a right now cruelty 6 months clean. Treatment court was helpful I wish I would of continue on the right path I’d be further in my life.”

Results

First, the results of the demographic questionnaire were analyzed. It was observed that more participants graduated from the program than those who did not graduate. Additionally, most participants had completed some college education, although they did not graduate from college. This indicated that they all possessed at least a high school level of education and had the ability to comprehend the survey questions. Furthermore, most participants were employed, indicating their capacity to utilize available resources to secure and maintain employment, which could benefit their families.

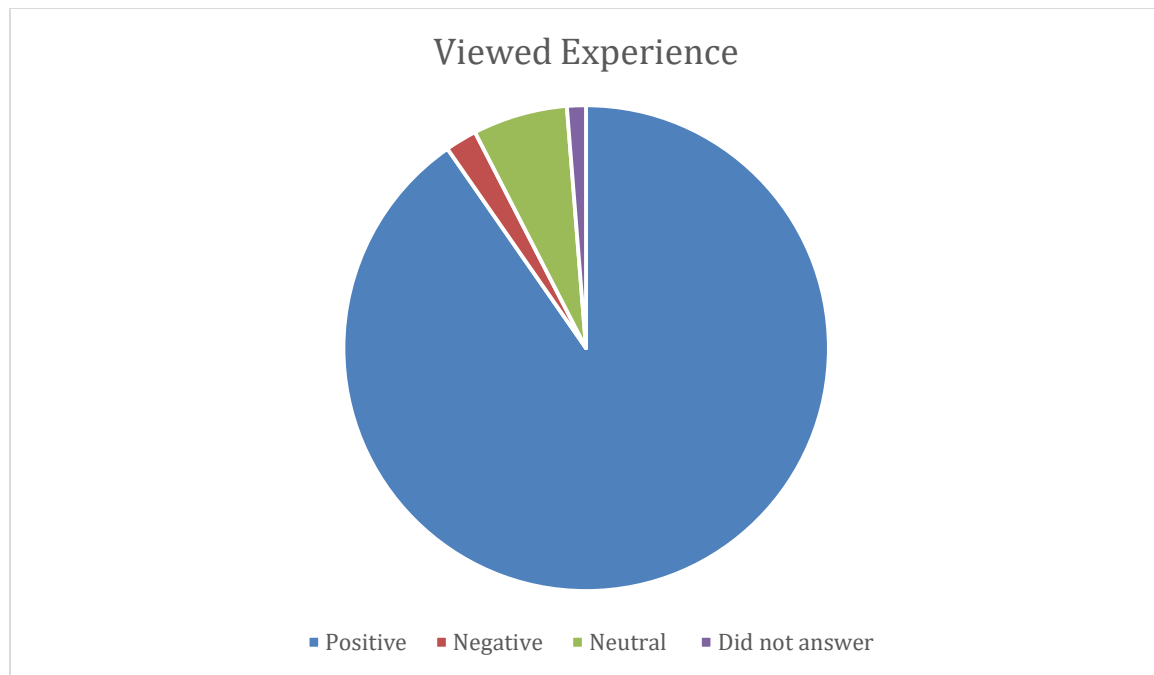
More than half of the participants had a criminal history, either in the past or currently, and all of them reported that their criminal history was related to substance abuse. One question with varied responses pertained to their drug of choice. Some participants had multiple drugs they used, with the two most common being alcohol and amphetamines. Participants who used alcohol also used other drugs, and the same pattern

was observed for marijuana. Regarding the length of substance use, participants provided different answers, ranging from 0-2 years to 11-15 years, with most reporting use for 3-5 years. Finally, only one participant indicated not using self-help groups anymore but mentioned relying on community support, family, and friends for ongoing support.

In the preceding section, each question from the self-survey was presented along with the corresponding answers broken down into different themes. In considering the research question, which aimed to better understand the perceptions of parents who had participated in family treatment court regarding the program's challenges, barriers, and effectiveness, it becomes evident how participants viewed the program. When examining the agree/disagree questions, it was found that 86% of the responses indicated a positive experience with the Family treatment court program, 6% were neutral, 2% reflected a negative experience, and 6% of the questions were left unanswered. The following figure illustrates the outcomes of these questions.

Figure 8.

Viewed Experience



The results of the written portion of the survey indicated that participants who went through FTC viewed it as a positive factor in their ability to achieve and maintain sobriety. Figure sixteen illustrates the contrast between the questions that received positive responses regarding family treatment court and those that expressed negative views about the program.

Evidence of Trustworthiness

Credibility

Nassaji (2020) states that credibility in qualitative research is defined as the measure of how believable the research findings and conclusions are. In essence, it assesses the truthfulness of the findings and the degree to which they accurately represent the reality of the phenomenon being investigated. The outcome states that the participants

in the study had a positive view on the FTC and there was not much that they would change to have gain sobriety and or keep it. This can be seen by the overall positive outcomes of the questionnaire equaling 86% positive answers when it came to the experience of treatment court.

Transferability

Enhancing the transferability of qualitative research involves incorporating custom-tailored criteria into a study (Slevin & Sines, 1999). This study used material that was made by the researcher with the help of the family treatment court to ensure that the results that were being given were going to fit the research question and help further continuing of the topic. To enhance transferability of this study, it was crucial to make sure that the sampling used was going to get the results needed to answer the research question. Because of this the research did not eliminate any participant that went through the program because of failing or nongraduating. Therefore, the answers that could cover not only why participants were successful but also why they were not, capture a wide range of perspectives and experiences. Also, because of the generalization of the setting that was used the study can easily be regenerated in another Family Treatment Court.

Dependability

Dependability, a fundamental aspect of rigor and trustworthiness in qualitative research, holds a significant role not only within the confines of this study but across the broader spectrum of research involving FTCs (Janis, 2022). As FTCs inherently deal with multifaceted social realities and intricate human dynamics, ensuring the dependability of research findings becomes paramount. Dependability focuses on the consistency and

stability of the research process and outcomes, emphasizing the need for reliability and repeatability of the research process. It is one of the criteria used to assess the quality and credibility of qualitative research (Janis, 2022). This study is repeatable due to the broad spectrum of the sample. This research did not eliminate any of its participants unless deceased or incarcerated. Incarcerated individuals were disqualified due to the animosity of the study.

Confirmability

Confirmability pertains to the degree to which external parties can corroborate the researcher's interpretations and findings. Qualitative research takes a distinct approach by emphasizing the researcher's active involvement and engagement throughout the study (Nassaji, 2020). During this study I have shown involvement throughout. This can be seen by making research demographic surveys, self-reporting surveys and questionnaires to adhere to the study itself. All results were calculated by me and analyzed by me. As the researcher I worked extremely hard to keep bias out of the research and results as the only thing that was wanted was the perspectives of the participants in order to better the FTC program through the country.

Summary

Chapter 4 summarized the findings related to the research question, which aimed to gain a better understanding of the perceptions of parents who participated in FTC regarding the program's challenges, barriers, and effectiveness. The survey questions were categorized into two sections: agree/disagree and short answer. Analyzing the responses provided by program participants reveals a consistent pattern.

It was observed that participants generally viewed FTCs impactful. However, they also identified certain challenges, including the significant time commitment the program demands each week and the emotional toll it can take on participants. Additionally, participants mentioned barriers such as frequent drug screening requirements, the need for more resources, and difficulties in their interactions with the Judge.

Saturation serves as a critical gauge for determining when to conclude the sampling process. It represents the stage at which no further data is emerging that would give the researcher more pertinent information than what has already been discovered through the research. At this point, the researcher consistently encounters similar instances, instilling a sense of empirical confidence that data saturation has been achieved (Sebele-Mpofu, 2020). During the study at hand, it can be seen through the answers of the participants that there was no more data needed at this time with this Family Treatment Court. This is due to the themes of the questions all being relatively the same. The participants enjoyed family treatment court and believed that it worked for sobriety. When asked for negative feedback the participants answered the same way as seen in question two of the qualitative questionnaire. When asked what they least like about the program majority stated that it was the time constriction. This is not something that can be changed as this is rooted in the FTC guidelines. The other answer given is the emotional toll that was put on the participants. This can be helped with therapy but when talking about a time when a person's children are being removed and placed outside of the home there are going to be emotions expected. The researcher was seeing the same

answers coming in as the research continued, this is why saturation was achieved in this study.

This research was conducted to benefit future FTCs and gain insights into why some participants drop out or fail to fully commit to the program. By addressing the issues highlighted in the participants' responses, adjustments can be made to ensure that all individuals in the program receive the necessary support in a way that encourages their engagement and reduces dropout rates associated with challenges and barriers. Chapter 5, I will include introduction, interpretation of findings, limitations of the study, recommendation, implications, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

This mixed-methods study explored the perceptions of parents who had participated in FTC regarding the program's challenges, barriers, and effectiveness. The staff selected to help the parents through this difficult time work hard to ensure that the parents get what they need from the program to get sober and stay sober. This study went further than any other study by asking the participants not only did they get sober and continue with their substance-free lifestyle but why did it work, why it did not work, what programs did not work, and what could be changed. Furthermore, I sought to identify which program components were less effective and potential areas for improvement.

The mixed-methods approach employed in this study involved the use of questionnaires and surveys to gather qualitative and quantitative data. Questionnaires and surveys are valuable tools for investigating the "how" and "why" of research phenomenon. By exploring the participants' perspectives, I aimed to elucidate the mechanisms that determine the efficacy or lack of efficacy of the treatment court program (see Jain, 2021).

Interpretation of the Findings

In a study by Akin et al. (2018), participants were interviewed about their thoughts on the program. Most participants expressed hope that the program would aid them in improving their parenting skills and acquiring new knowledge. A few, however, doubted the program's value, believing they already possessed sufficient parenting experience from raising previous children. Participant enthusiasm waned somewhat in the

middle of the program but rebounded once their children became involved in it. By the program's conclusion, most parents reported a positive experience, believing the program had improved their parenting skills, especially in managing their children's stressors. These findings align with the current study in which 91% ($n = 70$) of participants affirmed that FTC positively influenced their ability to achieve and maintain sobriety. This sobriety facilitated the reunification of families. Additionally, in the current study, 28% ($n = 2$) initially found the program overwhelming and time-consuming, similar to the observations in Akin et al.'s (2018) study in which participants warmed up to the program as they progressed.

Belenko et al. (2021) examined 76 drug court participants in a Philadelphia Treatment Court that incorporated these specialists. The findings indicated that participants with peer recovery specialists had a lower recidivism rate (). In the current study, 86% ($n = 6$) of participants stated that the support they received was their favorite aspect of the treatment court. Notably, Recovery Pathways, the peer recovery specialist program used in this study, received unanimously positive responses from participants, suggesting its vital role in the recovery the FTC program.

Social support from the community and family can aid individuals in overcoming SUDs and developing coping skills. Social influences play a crucial role in the recovery process (Sy et al., 2020). In the current study, all participants reported positive experiences with community groups. Recovery Pathways, which can be viewed as a wraparound service, provides comprehensive assistance to participants with co-occurring issues, such as SUD and mental health disorders, within the criminal justice system. The

services offered through Recovery Pathways encompass therapy from licensed counselors, group therapy resembling self-help groups, a recovery coach, and a personal specialist offering one-on-one support in various areas including housing, employment, budgeting, education, child interactions, transportation, and legal matters concerning not only family court but also friend of the court, circuit court, and district court. A study involving 79 participants enrolled in a wraparound program found positive outcomes with participants effectively engaging with services and avoiding relapses during and 6 months after the program (Shaffer et al., 2022). These findings further substantiate the importance of such services within the FTC program.

Considering the current research question focused on gaining a deeper understanding of parents' perceptions regarding FTC's challenges, barriers, and effectiveness, a closer examination of the codes and themes outlined in Chapter 4 revealed pertinent insights. Notably, all participants emphasized the program's overall impact. Challenges identified included the substantial time commitment required by FCT each week and the emotional toll it could exact. Participants also cited the frequency of drug screening as a barrier, along with interpersonal challenges related to their interactions with the judge.

The findings of the current study provide support for family systems theory, highlighting substantial alignment between the goals of family system theory and those of FTC. Jakimowicz et al. (2021) emphasized that family systems theory aims to empower individuals while reducing blame and reactivity. The current study's results indicated that the FTC program empowers participants to lead substance-free lives through the

provision of support and resources. The program encompasses resources from partner facilities addressing not only substance abuse but also mental health, housing, employment, budgeting, education, child interactions, transportation, and legal matters extending to family court, friend of the court, circuit court, and district court. These comprehensive services play a pivotal role in empowering individuals to stand independently and support their families in ways that were not possible during substance use.

Watson and McDaniel (1998) delved into family system theory's objective of restoring family equilibrium. They acknowledged that, at times, a family may have been in disarray for so long that their state of disarray becomes their equilibrium. Consequently, achieving change, particularly when it feels foreign, can be challenging. Considering this, it becomes even more critical to provide resources not only for parents but for the entire family. The entire family needs to undergo a transformation in how they perceive their equilibrium, particularly children who have experienced only one way of life. This underscores the significance of the support system established in the current study, which extends beyond the participants to encompass their children and families. FTCs, in their pursuit of reunification, strive to help participants' families regain equilibrium. In the current study, all participants reported successful reunification with their children during their involvement in the FTC program.

Limitations of the Study

The current study faced a significant limitation that could not be mitigated, primarily concerning generalizability (see Price & Murnan, 2004), which pertains to

external validity. This limitation stemmed from the restricted pool of accessible parents and those willing to participate in the survey. Thirty-one individuals initially met the study's selection criteria. However, after receiving the list of potential participants, I excluded three individuals due to incarceration or deceased status. Surveys were distributed to 18 eligible individuals, but only seven chose to respond. This limitation might have been influenced by the COVID-19 pandemic, which disrupted the operations of many child welfare agencies, including courthouse closures, thereby hindering participant recruitment in 2020 and 2021.

As for internal validity, the anticipated limitation did not appear to impact the authenticity of the participants' responses. In my assessment, the participants provided truthful answers to the questions. Some offered comprehensive responses, demonstrating a willingness to share their experiences and insights, which can be valuable for future FTC participants.

Recommendations

This study represents one of the initial attempts to investigate participant perceptions. The study's limitations might have been alleviated by conducting the study in a treatment court with a larger participant pool and within a more extensive county. Nevertheless, the insights obtained from this study can offer valuable guidance for future studies aimed at securing a greater number of responses. My first recommendation would be to conduct research in a county that handles a higher volume of cases than the 21 participants involved in the current study over 3 years. Additionally, conducting a study

on family treatment courts after 2022, considering the COVID-19-related court system shutdowns, may provide a more recent perspective.

Another recommendation involves enhancing the diversity of participants in future studies. The current survey included individuals who completed the program, with only one person not graduating. This suggests that most participants in this study experienced relatively fewer challenges and barriers as they met program requirements and had their children returned home, thereby no longer being involved with child welfare. To gain a more comprehensive understanding of how to improve the program and encourage participants to stay committed, it would be beneficial to include individuals who did not graduate, who struggled, or who failed to regain custody of their children. These participants could offer valuable insights into program enhancement and participant retention strategies.

Implications

Child maltreatment encompasses various forms of harm to children, including physical abuse, sexual abuse, emotional abuse, and neglect resulting from parental behaviors and actions (McTavish et al., 2020). According to The Substance Abuse and Mental Health Services Administration (2022), an estimated 12.3% of children in the United States have parents in need of substance abuse treatment. These statistics are concerning, and efforts should focus on reducing these numbers instead of allowing them to increase. When parents struggle with drug use, the primary objective is to assist them in overcoming addiction, achieving sobriety, and maintaining a drug-free lifestyle to care for their children.

The creation of the FTC was driven by the need to support families involved with the child welfare system who were grappling with substance abuse issues (National Drug Court Resource Center, 2021). FTC plays a pivotal role in guiding parents through the challenging journey of substance use and provides them with the necessary resources to attain sobriety and maintain a drug-free life. The current study serves as a valuable guide to understanding how to enhance parent engagement with the program and achieve optimal outcomes, benefiting not only the parents but also their children, families, communities, and society.

Conclusion

The inception of family treatment court dates to 1994 when the first court was established in Reno, Nevada (National Drug Court Resource Center, 2021). Since then, numerous studies have examined the program from various angles, with a particular focus on the participant's perspective. Presently, there are approximately 3,848 FCTs operating across the United States. These courts aim to address drug use issues among parents and, in turn, preserve family unity and ensure the well-being of children residing in their parental homes (Barnett, 2021). The abundance of FCTs provides ample opportunities for research and participant surveys to gain valuable insights.

The primary objective of the current study was to discover ways to assist every parent and family involved in the FCT system. The goal is to prevent children from experiencing multiple out-of-home placements, ensuring that they do not spend more time away from their families than necessary. By aiding parents in achieving and maintaining a substance-free lifestyle, this study may facilitate the reunification of

families and create an environment in which children can lead happy, positive, and productive lives free from maltreatment.

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Appendix A: Demographic Questionnaire

Demographics Questionnaire

Please complete the following demographic questionnaire.

1. Did you graduate from Treatment Court? Yes _____ No _____
2. What is your educational background?
 - a. Some high school _____ High school _____ Some college _____
College graduate _____
3. Are you currently employed? Yes _____ No _____
4. Do you currently have any criminal problems? Yes _____ No _____
5. Have you had any previous criminal problems? Yes _____ No _____
 - a. Was it due to your substance use? Yes _____ No _____
6. What was/is your drug of choice?

Alcohol _____

Marijuana _____

Crack/Cocaine _____

Amphetamines _____

Opiates (pain medications) _____

Sedatives/hypnotics (barbital/diazepines) _____

Hallucinogens (such as LSD) _____

Phencyclidine (PCP) _____

Prescription medication _____

Other (specify please) _____
7. How long is your addiction history? _____

0-2 years _____

3-5 years _____

6-10 years _____

11-15 years _____

16-20 years _____

More than 20 years _____
8. Do you continue to use self-help groups? Yes _____ No _____
9. Please list your phone number so that the Speedway Gas Card can be sent to you via text message. _____

Appendix B: Self-Reporting Survey

Self-Reporting Survey

Please enter if you graduated the program successfully. _____ Yes _____ No

Directions: Please complete all the following questions to the best of your ability. All responses are **confidential**.

Part I. Circle the answer that best describes how you feel about [REDACTED] Family treatment court(FTC).

1. The FTC team treated me with respect.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
2. The FTC team was fair.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
3. The FTC team was concerned about me.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
4. Visits with the FTC team helped me to stay substance free.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
5. The FTC team expected too much from me.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Part II. Circle the answer that best describes how you feel about Judge [REDACTED].

1. The Judge treated me with respect.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
2. The Judge was fair.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
3. The Judge was concerned about me.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
4. Visits with the Judge helped me to stay substance free.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
5. The Judge expected too much from me.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Part III. Circle the answer that best describes how you feel about your FTC Coordinator, [REDACTED].

1. The FTC coordinator treated me with respect.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
2. The FTC coordinator was fair.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
3. The FTC coordinator was concerned about me.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

4. Visits with the FTC coordinator helped me to stay substance free.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
5. The FTC coordinator expected too much from me.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Part IV. Circle the answer that best describes how you feel about working with Recovery Pathways.

1. Recover Pathways treated me with respect.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
2. Recover Pathways was fair.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
3. Recover Pathways was concerned about me.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
4. Visits with the Recover Pathways helped me to stay substance free.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
5. Recover Pathways expected too much from me.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Part V. Circle the answer that best describes how you feel about your overall experience in FTC.

1. It helped me to appear in court on a regular basis.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
2. It helped me to report to my case worker on a regular basis.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
3. It helped me to attend treatment on a regular basis.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
4. I think my participation in FTC will help me avoid substance use in the future.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
5. I was personally helped through my participation in FTC.	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Part VI. Please rate each of the following programs by circling the answer that best describes your opinion. If you did not participate in the program a part of FTC, circle did not participate.

1. Residential treatment	Poor	Good	Excellent	Did not participate
2. Intensive outpatient treatment	Poor	Good	Excellent	Did not participate
3. Drug Testing	Poor	Good	Excellent	Did not participate
4. AA/NA/Self-help groups	Poor	Good	Excellent	Did not participate
5. Community groups	Poor	Good	Excellent	Did not participate

Part VII. Please rate how you feel now regarding your ability to continue your sobriety.

1. I have all the tools I need to stay substance free.	Very Confident	Confident	Neutral	Less confident	Not at all confident
2. I have all the support I need to stay substance free.	Very Confident	Confident	Neutral	Less confident	Not at all confident
3. I am no longer communicating with the wrong people.	Very Confident	Confident	Neutral	Less confident	Not at all confident
4. I can deal with triggers in a healthy way.	Very Confident	Confident	Neutral	Less confident	Not at all confident
5. I know that I could stay away from substances if I was offered.	Very Confident	Confident	Neutral	Less confident	Not at all confident

8. What did you think of your service plan and treatment goal?

9. After leaving the FTC program do you remain substance free? Have you relapsed since treatment court?

10. Do you continue in treatment? If so what kind?

11. After bringing up all those questions, please explain your overall experience in treatment court.