

**Parental Drug Use, Treatment Compliance and Reunification:  
Client Classifications and the Common Wisdom in Child Welfare**

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Statement of the Research Problem

The Adoption Assistance and Child Welfare Act of 1980 responded to the problem of "foster care drift" by instituting changes in child welfare policy and practice. The Act led to nearly two decades in which child welfare policy prioritized family preservation and biological family reunification. But several years ago, concern about increasing foster care caseloads and increasing lengths of stay prompted new federal child welfare legislation. The Adoption and Safe Families Act of 1997 (ASFA) shifted the policy emphasis to swift case resolution, even if swift case resolution leads to biological family separation and termination of parental rights.

Proponents of ASFA argue that children should not be prevented from living in permanent homes because their parents repeatedly fail to comply with reunification requirements (Gelles, 1996). This concern is particularly acute when cases involve parental drug use. It is commonly believed that the difficulty and length of time involved in overcoming drug addiction has forestalled reunification for many families. Yet, we have little research evidence about the relationship between parental drug use and reunification.

Certainly, parental drug use seems to be an important contributor to the most recent increase in child welfare caseloads (Curtis & McCullough, 1993). Most estimates of the proportion of children who are in foster care for drug-related reasons range from 25 to 80 percent (Children's Bureau, 1997; SAMHSA, 1999). Dramatic increases in the number of substance-exposed infants in the late 1980s and early 1990s led to the placement of more infants in substitute care and a shift in the age distribution of admissions to foster care (Goerge, Wulczyn & Hardin, 1996). And, in addition to bringing more and younger children to the attention of child protective services, parental drug use has been associated with longer stays in foster care (Fanshel, 1975; Walker, Zangrillo & Smith, 1991), noncompliance with child welfare treatment plans (Famularo, Kinscherff, Bunshaft, Spivak & Fenton, 1989; Butler, Radia & Magnata, 1994) and a reduced likelihood of reunification (Murphy, et al., 1991; Walker, et al., 1991).

Because some evidence links parental drug use to both treatment noncompliance and poor reunification outcomes, some researchers and policy makers attribute poor reunification outcomes among drug-involved parents to treatment noncompliance. However, research has not explicitly demonstrated this link. Little of the existing research on the relationship between parental drug use and placement outcomes uses multivariate controls. Thus, it is difficult to assess whether lower rates of reunification among families with a drug use history are due to treatment noncompliance, ongoing drug use, or other factors associated with a drug use history. Moreover, though some studies have established empirical associations between drug treatment compliance and reunification, researchers have not carefully explored explanations for these empirical relationships. Is treatment compliance associated with reunification because treatment compliance leads to abstinence from drugs? Is treatment compliance associated with safer parenting? Or might there be other explanations for an association between treatment compliance and reunification?

In sum, some research finds a negative association between parental drug use and reunification, but the association has not been demonstrated using rigorous research methods. In addition, the explanations for this association are not well understood. If the assumptions justifying new permanency timelines under ASFA are correct, the new timelines could have serious consequences for families involved with drugs. This context calls for more convincing research addressing the child welfare correlates of parental drug use.

### Research Questions

This dissertation addresses the following research questions:

- How does parental drug use affect the likelihood of reunification?
- What is the relationships between a substance-exposed infant (SEI) allegation and the likelihood of reunification?
- To what extent does drug treatment compliance mediate these relationships?
- How are these relationships best explained?

## Study Methods

The study was designed to assess the relative merits of two alternative conceptual frameworks for explaining the relationships between parental drug use, treatment compliance and reunification. A framework focusing on service system classifications and interpretations is posed as an alternative to a common sense-based framework which emphasizes the importance of drug treatment compliance for achieving both abstinence from drugs and the ability to parent safely.

The study used a multi-method design involving in-person survey data, state administrative records and qualitative case studies. The survey was conducted with a probability sample of parents having an open child welfare case in one urban county. Survey respondents having children in substitute care (n = 166 parents; 564 children) were tracked with administrative data for three years. The case studies involved in-depth parent and case worker interviews, case record reviews, and court observation. Cox regression, a type of event history analysis, was used to test hypotheses based on the two conceptual frameworks.

This statistical technique provides several enhancements to the analysis. It enables an assessment of the relative effect of the covariates on the likelihood of reunification over time; not only do the models account for whether or not a reunification occurred, they take into account the number of days from the sample selection date to a reunification. A second advantage is that the models account for the existence of right-censored cases, or cases in which a reunification has not yet occurred but may occur later. Also, the models account for independent variables which vary during the observation period. Subsequent allegations, for example, are included in the model as time-varying covariates. To identify and compensate for potential problems related to a lack of independence between observations, which is possible in families with multiple children, analyses were conducted at both the parent and child levels. The qualitative case studies were used to illuminate the quantitative findings.

## Results

The study had two primary findings. First, the relationship between an SEI classification and the likelihood of reunification varies over time. In the first half of the observation window, an SEI allegation decreases the likelihood of reunification. After 18 months, however, children in families with an SEI classification are more likely than children in families with other types of allegations to return home. Second, treatment compliance strongly increases the likelihood of reunification even after accounting for ongoing drug use and three measures of safe parenting. The findings suggest that treatment compliance, *per se*, promotes the likelihood of reunification.

## Utility for Social Work Practice

This study takes place in a context of much concern and speculation about the placement outcomes of families in which a parent has a history of drug use. The implementation of shorter permanency timelines following ASFA has generated many questions about the relationship between parental drug use and reunification and, especially, the role of treatment compliance. How will shortened timelines affect parents who use drugs? Will parents with a drug use history be able to comply with treatment requirements? Will they be able to comply in time to achieve reunification? Will more parents with a drug use history have their parental rights terminated?

This study brings important empirical and theoretical contributions to this context of speculation. First, by including measures of parental drug use in multivariate event history models, the study contributes to existing literature on the correlates of reunification. The study found that ongoing parental drug use decreases the likelihood of reunification.

Second, responding to concern about the effect of parental drug use on the increase in infant placement, study models assess the relationship between an SEI allegation and reunification. An SEI allegation initially decreases the likelihood of reunification. However, the study findings suggest that, after a period of time, children from families with an SEI allegation become more likely than children from families with other types of allegations to achieve reunification. This finding is illuminated by qualitative data suggesting that time-bound reunification requirements influence placement duration in cases involving parental drug use. For example, a year-long record of abstinence is often required before reunification is considered. The study findings raise the possibility that time-bound requirements may be postponing reunification for some families with an SEI allegation.

Third, by explicitly testing hypotheses stemming from contrasting conceptual frameworks, the study contributes to theory development about reunification and other placement outcomes. The study findings suggest that interpreters of past research have relied too heavily on common sense-based, parent-centered explanations for treatment outcomes. The role of service system practices in influencing treatment compliance and placement outcomes deserves further attention.

Finally, the study makes a much-needed empirical and conceptual contribution to understanding treatment compliance among parents involved with the child welfare system. Amidst assumptions that placement outcomes reflect parents' treatment compliance, the study found that, indeed, drug treatment compliance increases the likelihood of reunification. However, the study findings suggest that drug treatment compliance increases the likelihood of reunification independent of the behavior changes which constitute the ostensible purpose of treatment.

compliance, such as ongoing drug use and safe parenting. Thus, the study suggests that reunification outcomes may reflect the service systems' response to treatment compliance, *per se*, as well as any benefits derived from treatment compliance.

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