

THERAPEUTIC PRACTICE THROUGH RESTORATIVE JUSTICE: MANAGING STIGMA IN FAMILY TREATMENT COURT

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Family Treatment Court manages parents with current child protection cases and co-occurring addiction to drugs and/or alcohol and is an example of a growing number of problem centred courts that utilise the principles of therapeutic jurisprudence and restorative justice to process cases. An 18-month study of a Washington State Family Treatment Court reveals that the potential harmful stigma of 'bad parent', 'addict' and 'offender' are managed through interactions between the courtroom treatment team and court clients. Findings show how court interactions and practice bring restorative justice into the mainstream court system by managing the stigma associated with justice system supervision. Lessons learned from Family Treatment Court provide important consideration for mainstreaming therapeutic and restorative practice into the courtroom and the examination of interactions between court clients and courtroom personnel demonstrate how to translate stigma management from theory into practice.

I INTRODUCTION

The last twenty years of legal and criminological research has been dominated by recognising a punitive trend in court adjudication, sentencing, and incarceration across multiple aspects of the criminal and civil justice system.¹ The War on Drugs has been an influential factor in increased incarceration rates and punitive sentencing policies², but it is the stigma associated with justice system processing, after sentencing has been served, or judicial supervision has been completed that might have the biggest impact on the wellbeing and behaviour of offenders or court clients.³ For parents in the child protection⁴ system, multiple stigmas of 'bad parent', 'deviant' and often 'addict' must be managed as they navigate family reunification.⁵

Therapeutic jurisprudence ('TJ') is the study of how systems of justice influence behavioural outcomes and emotional wellbeing. When court clients have positive interactions with the courtroom workgroup, it instils trust and fairness in the legal system, and clients are more likely

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¹ See Barry Feld, 'The Punitive Juvenile Court and the Quality of Procedural Justice: Disjunctions between Rhetoric and Reality' (1990) 36(4) *Crime & Delinquency* 443; Katherine Beckett and Theodore Sasson, *The Politics of Injustice: Crime and Punishment in America* (Sage Publications, 2004).

² See generally Beckett and Sasson, above n 1.

³ See generally John Braithwaite, *Crime, Shame and Reintegration* (Cambridge University Press, 1989); Harold Garfinkle, 'Conditions of Successful Degradation Ceremonies' (1957) 61(5) *The American Journal of Sociology* 420.

⁴ In the USA, where the data for this research was taken, the term 'child dependency' is used for matters of child abuse and neglect cases. In this paper, I adopt the more common Australian term 'child protection cases' for the Australian readership.

⁵ Suzanna Fay-Ramirez, 'Therapeutic Jurisprudence in Practice: Changes in Family Treatment Court Norms Over Time' (2015) 40(1) *Law and Social Inquiry* 205–236.



to comply with the law and the direction of the court.⁶ This means that courtroom interactions can have a potential therapeutic effect (positive) or anti therapeutic effect (negative) where positive interactions increase compliance and more favourable long term outcomes⁷. Evaluations of drug courts that are utilizing the therapeutic approach suggest that these outcomes include longer periods of drug and alcohol sobriety, lower reoffending rates, as well as increased family stability in child protection cases.⁸ Despite this success, the translation of the theoretical concept of stigma management to courtroom practice is under studied and remains abstract. This study seeks to expand the understanding of stigma management in the courtroom, its usefulness as a therapeutic tool, and potential for maximising beneficial courtroom outcomes.

Understanding the use and importance of stigma in courtroom settings has become a dominant aspect of Restorative Justice in theory and in practice.⁹ The theory of Restorative Justice focuses on repairing the harm caused by criminal or deviant behaviour.¹⁰ The process of Restorative Justice involves a range of stakeholders who cooperatively meet to discuss the harm caused and how it can be repaired and prevented in the future.¹¹ Restorative approaches are consistent with the therapeutic approach because they both emphasise the use of the legal system to heal criminal behaviour, victimisation and prevent future offending. While restorative practices are a tool that can be used to manage stigma, much of the evidence that documents how stigma management is implemented is based on diversionary justice programs that occur outside of the regular courtroom environment.¹² This study seeks to examine how a particular court designed to use restorative practices as a therapeutic approach is able to manage the multiple stigma that child protection clients face as they are processed by the court.

Analysis is based on an in-depth case study of a Family Treatment Drug Court ('FTC') in Washington State USA, an example of a drug dependency court. Observations of open and closed court sessions over a period of 18 months are used to examine how the FTC manages stigma associated with FTC clients such as 'bad parent', 'addict', and in some cases, 'offender'. This examination will highlight the tools used by the courtroom to illicit compliance with court orders by attempting to manage stigma and therefore is an attempt to translate stigma management from theory into practice.

Australia, one of the early adopters of problem solving courts, continues to implement problem solving practices, restorative processes, and therapeutic ideals as a way to deal with growing concerns of drug and alcohol abuse and rising crime rates.¹³ Evaluations of the Australian and

⁶ David Wexler and Bruce Winick, *Law in a Therapeutic Key: Developments in Therapeutic Jurisprudence* (Carolina Academic Press, 1996); Tom Tyler, *Why People Obey the Law* (Princeton University Press, 2006).

⁷ See generally Tyler, above n 6.

⁸ Rebecca Tiger, *Judging Addicts: Drug Courts and Coercion in the Justice System* (New York University Press, 2013); Robert Wolf, 'Fixing Families: The Story of the Manhattan Family Treatment Court' (2000) 2 *Journal for the Centre of Families, Children and the Courts* 5; Ginger Wren, 'Mental Health Courts: Serving Justice and Promoting Recovery' (2010) 19 *Annals of Health Law* 577.

⁹ See Braithwaite, above n 3.

¹⁰ *Ibid.*

¹¹ John Braithwaite, 'Restorative Justice and Therapeutic Jurisprudence' (2002) 38(2) *Criminal Law Bulletin* 244.

¹² See Robert Yazzie and James Zion, 'The Punitive Necessity of Waiver' in Jeffery Fagan and Franklin E Zimring (eds), *The Changing Boarder of Juvenile Justice* (University of Chicago Press, 2000). See also Nathan Harris and Jamie Burton, 'Rehabilitation in America: The Philosophy and Methods from Past to Present' in Ido Weijers and Anthony Duff (eds), *Punishing Juveniles: Principles and Critique* (Hart Publishing, 2002) 67–90.

¹³ Ari Freiberg, 'Australian Drug Courts' (2000) 40 *Criminal Law Journal* 1; Toni Makkai, 'The Emergence of Drug Treatment Courts in Australia' (2002) 37(12-13) *Substance Use & Misuse* 1567.

American experience of these problem-solving courts suggest that they reduce recidivism for criminal offenders¹⁴ and reunify families in the child protection system.¹⁵ Though these courts are not without criticism,¹⁶ evidence that highlights the positive outcomes of these therapeutic approaches may indicate increasing uptake of the problem solving method in Australia and around the world. Australia recently implemented a FTC in the State of Victoria in order to manage parents with active child protection cases and co-occurring drug and alcohol addiction issues. The increasing attention to these courts underscore the need for an evidence based understanding of how these courts operate and contribute to a legal movement that seeks to do no harm and recognise the therapeutic potential of the law.

A *Stigma and Justice System Involvement*

The idea that stigma is harmful in perpetuating the behaviour it represents has long been important to the study of deviance.¹⁷ Early labelling theorists¹⁸ suggested that once a negative label is applied to an individual in reaction to their behaviour, it becomes part of the individual's identity. When that label persists, the negative behaviour becomes more likely. While TJ and restorative justice are not strictly labelling theories or approaches, the concept of stigmatisation and the labelling process is linked to the goals and values of the therapeutic and restorative approach. Braithwaite's¹⁹ conceptualisation of stigma is directly related to *how* someone experiences justice and *how* the concept of stigma is used to process individuals in the justice system via their interactions with the courtroom workgroup.

Public labeling of individuals as 'criminals' or 'offenders' by way of interacting with the justice system has documented links to negative long terms outcomes particularly for the most vulnerable offenders as they re-enter society after judicial supervision or incarceration has ended.²⁰ Individuals labelled as offenders have difficulty finding jobs, stable housing, making and maintaining contact with their families as the stigmatisation of their justice system involvement becomes difficult to shed.²¹ Early social scientists²² have argued that the process of the justice system itself is the mechanism where those deviant labels are applied; the traditional court system publicly stigmatises and degrades offenders without offering the support or tools to make amends for their behaviour or opportunity to re-enter society as anything other than a deviant.²³ Therefore, the court system itself and the way it is experienced become integral not only to the potential therapeutic benefit of justice system processing, but longer term behavioural outcomes also.

¹⁴ Ojmarrh Mitchell et al, 'Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts' (2012) 40 *Journal of Criminal Justice* 60.

¹⁵ Fay-Ramirez, above n 5.

¹⁶ See Makkai, above n 13.

¹⁷ See generally, Howard Becker, *Outsiders: Studies in the Sociology of Deviance* (Free Press, 1963). See also Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Prentice Hall, 1963); Edwin Lemert, *Social Pathology* (McGraw Hill, 1951).

¹⁸ Ibid.

¹⁹ Braithwaite, above n 3.

²⁰ Garfinkle, above n 3.

²¹ Devah Pager, 'The Mark of a Criminal Record' (2003) 108(5) *American Journal of Sociology* 937. See also Rocio Alvarez and Maria Loureiro, 'Stigma, Ex-convicts and Labour Markets' (2012) 13(4) *German Economic Review* 470.

²² Ibid 13.

²³ Garfinkle, above n 3; John Braithwaite and Stephen Mugford, 'Conditions of Successful Reintegration Ceremonies: Dealing with Juvenile Offenders' (1994) 34(2) *British Journal of Criminology* 139.

Restorative and therapeutic approaches to justice are becoming increasingly popular in justice system practice and rhetoric,²⁴ but there is much debate about the realistic definitions of stigma, the labelling process, and what this would look like in practice.²⁵ Despite this debate, problem solving courts continue to emerge as an innovative court model. This trend is in part driven by increasing recognition that individuals that come through the criminal, juvenile and civil (family) court system often have co-occurring issues such as mental health or addiction issues that need to be addressed in order to motivate behavioural change. Problem solving courts utilise TJ as an orientation to courtroom interactions and decisions²⁶ and extensive research shows that these courtrooms have better long-term outcomes for their clients than their traditional courtroom counterparts.²⁷ The extent to which these courtrooms are able to manage stigma is currently undocumented but it is also the place where we might expect to see stigma management in action.

B *The Therapeutic Approach*

TJ has been academically defined as a way to understand ‘the extent to which the legal rule or practice promotes the psychological and physical wellbeing of the people it affects’.²⁸ As such, TJ is a tool for understanding how applications of the legal system influence individuals and case outcomes. Traditional legal applications are seen as formal and mechanical, and therefore indifferent to how applying the law might have consequences for those that are subject to it.²⁹ Therapeutic practices aim to apply the law while keeping in mind the potential consequences of how that law is applied. This could involve a broad range of different practices, but often include taking into account the context and individual circumstance of the behaviour, offering support for treatment of addiction and mental health issues, and more frequent supervision by court personnel. Existing research documents the informal nature of the therapeutic courtroom,³⁰ its goal to help the individual rather than deal exclusively with the offence committed, and an orientation to punishment that is less punitive but in proportion to the deviant behaviour. These distinctions place a premium on the interactions that take place in the courtroom and can be used to examine and understand how stigma management can be translated from theory to practice.

Therapeutic courts like drug courts, mental health courts, and family treatment courts have experienced significant successes in securing better outcomes for court clients in comparison to their traditional courtroom counterparts. For example, a study of a Baltimore City Drug Court found that recidivism was significantly reduced because of client participation in court hearings and increased social control surrounding each case, as well as increased perceptions

²⁴ See Tiger, above n 8. See also Harris and Burton, above n 12.

²⁵ Allison Morris, ‘Shame, Guilt and Remorse: Experiences from Family Group Conferences in New Zealand’ in Ido Weijers and Anthony Duff (eds), *Punishing Juveniles: Principles and Critique* (Hart Publishing, 2002). See also, Thomas Scheff, ‘A New Durkheim’ (1990) 96(3) *The American Journal of Sociology* 741, and Gabriele Taylor, ‘Guilt, Shame and Shaming’ in Ido Weijers and Anthony Duff (eds), *Punishing Juveniles: Principles and Critique* (Hart Publishing, 2002) 179–92.

²⁶ Fay-Ramirez, above n 5.

²⁷ See Mitchell Downey and John Roman, *A Bayesian Meta-Analysis of Drug Court Cost-Effectiveness* (Crime Policy Institute, 2010); Sarah Picard-Fritsche et al, *The Bronx Family Treatment Court 2005–2010: Impact on Family Court Outcomes and Participant Experiences and Perceptions* (Centre for Court Innovation, 2011).

²⁸ Christopher Slobogin, ‘Therapeutic Jurisprudence: Five Dilemmas to Ponder (1995) *Psychology, Public Policy and Law* 193, 196.

²⁹ Peggy Fulton Hora, William Schma and John Rosenthal, ‘Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System’s Response to Drug Abuse and Crime in America’ (1999) *Notre Dame Law Review* 74.

³⁰ *Ibid* 5.

of fairness and legitimacy of the court. Similar results have been found across a range of problem solving court evaluations.³¹

Fay-Ramirez, Baar and Soloman suggest that problem solving courts run the risk of not being able to maintain the overall therapeutic aims of TJ given the complex nature of cases and the resources and supervision needed to manage court clients and their complex needs.³² However, the advantages to the therapeutic approach are undeniable.³³ Stigma management may be part of why problem solving courts enjoy success but very little empirical work has been done to understand how this is accomplished.

C *Restorative Justice as a Therapeutic Tool*

Recent shifts in the profession of law emphasise the potential for applications of law to have a healing effect.³⁴ This legal movement includes a range of different lenses, processes, and tools that recognise the legal impact on the emotional, psychological and physical wellbeing of all individuals when they experience the law and the justice system.³⁵ These may include TJ, Restorative Justice, procedural justice, and collaborative processes more generally.³⁶ These approaches to law and its implementation share a number of commonalities that all align with the general aim of TJ; to do no harm and offer therapeutic benefit where appropriate. Therefore, the theoretical lens used here suggests that problem solving courts are utilising tools, practices and values central to the restorative justice process which work towards recognising the potentially therapeutic effects of the law.

Criminologist Braithwaite³⁷ highlights the commonalities between TJ generally and the process of restorative justice. He argues that both TJ and RJ share the recognition that individual experiences of the legal system positively and negatively influence individual wellbeing. Australian scholar Michael King³⁸ reiterates this commonality between RJ and TJ and further asserts, ‘therapeutic jurisprudence would regard the restoration sought by restorative justice as therapeutic’³⁹. Therefore, restorative justice and its underlying principles are one example of a therapeutic tool.

The labelling process and the consequences of stigma that are the focus of this research most closely align with the work on Reintegrative Shaming Theory,⁴⁰ and the process of restoration implemented most widely as Restorative Justice.⁴¹ The problem solving method that drug

³¹ See Wolf, above n 8, 2; Beth Green et al, ‘How Effective are Family Drug Treatment Courts? Outcomes from a Four-Site National Study’ (2007) 12 *Child Maltreatment* 43; Denise Gottfredson and Lyn Exuma, ‘The Baltimore City Drug Treatment Court: One Year Results from a Randomized Study’ (2002) 39(3) *Journal of Research in Crime and Delinquency* 337.

³² Fay-Ramirez, above n 5; Carl Baar and Freda Solomon, ‘The Role of the Courts: The Two Faces of Justice’ (2000) 15(3) *Court Manager* 19.

³³ Ojmarrh Mitchell et al, ‘Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts’ (2012) 40 *Journal of Criminal Justice* 60.

³⁴ *Ibid.*

³⁵ Braithwaite, above n 11.

³⁶ Susan Daicoff, ‘Law as a Healing Profession: The “Comprehensive Law Movement”’ (New York Law School Clinical Research Institute Research Paper Series 05/06 No 12, 2004).

³⁷ Braithwaite, above n 11.

³⁸ Michael King, ‘Restorative Justice, Therapeutic Jurisprudence and the Rise of Emotionally Intelligent Justice’ (Faculty of Law, Monash University Research Paper No 2009/11, 2009).

³⁹ *Ibid* 1115.

⁴⁰ Braithwaite, above n 3, 1.

⁴¹ Daicoff, above n 36.

courts are generally based on, utilise elements of the restorative process and are thus linked to the recognition that experience of the law at the very least does not exacerbate the deviance or criminal behaviour by applying damaging stigma that provide little incentive for offenders to change their behaviour.

The ability to avoid stigmatisation and reintegrate offenders rather than isolate them as outsiders is the basis for Braithwaite's⁴² Reintegrative Shaming Theory ('RST'); a theory of crime and social control. According to Braithwaite,⁴³ individuals are engaged in *interdependencies*; individuals in networks that are dependent each other to achieve valued ends. *Communitarianism* is a condition of environments characterised by individuals densely enmeshed in interdependencies. According to RST, individuals in communitarian environments are more susceptible to re-integrative shaming or, the social process of expressing disapproval and eliciting remorse in an individual, which is then followed by allowing the individual back into the community of law-abiding citizens. This reintegration is accomplished by ceremonies to decertify the individual as deviant or avoid the deviant labelling process altogether. When this type of re-integrative shaming is used, crime rates are low because disapproval for deviant behaviour is not conveyed in a way that stigmatises the offender, thus preventing the opportunity to become part of an identity where the poor behaviour would be amplified or increased.⁴⁴ Thus, collaborative communities should be better able to manage and deflect damaging stigma associated with increased offending and deviance.

Restorative justice is a practical application of Braithwaite's RST and is defined as a process of dispute resolution or reconciliation that allows for community and victim participation in discussions of how deviant behaviour can be rectified through 'harm reduction'.⁴⁵ It is "a problem solving approach to crime which involves the parties themselves, and the community, in an active relationship"⁴⁶ where those personally involved (victim, offender, community) are engaged in problem solving, while keeping in mind the social context of the crime, in order to find agreement among all parties on how to rectify or repair the situation. Such agreements may include financial reparation, community service, or access to resources for offender in order to prevent future offending.⁴⁷

Restorative justice encourages presence and participation of those who support the offender (members of the individual's interdependencies) and therefore disapproval of the offender's actions can be expressed in an environment of people who are respected and who respect the offender. According to Braithwaite,⁴⁸ this increases the likelihood of shame that is not stigmatising. Finally, agreements made during a restorative process are aimed at repairing any harm to the victim, the community, and preparing the offender for reintegration into the community without permanent stigmatisation. This process is in stark contrast to the current operation of the traditional justice system where an adversarial process is used.⁴⁹ In adversarial systems, victims and supporters of the offender have limited opportunity to engage in the

⁴² Braithwaite, above n 3, 1.

⁴³ Ibid 10.

⁴⁴ Ibid.

⁴⁵ Gerard Palk, Hennessey Hayes, and Timothy Prenzler, 'Restorative Justice Community Conferencing: Summary of Findings from a Pilot Study' (1998) 10(2) *Current Issues in Criminal Justice* 138.

⁴⁶ Tony Marshall, 'Restorative Justice: An Overview' in Jerry Johnstone (ed), *A Restorative Justice Reader: Text, Sources, Context* (Willan, 1998) 5.

⁴⁷ Ibid 29.

⁴⁸ Braithwaite, above n 3, 1.

⁴⁹ An adversarial model is defined as a process in which the prosecutor and defense attorney argues each side of the case before a judge in order for the truth to emerge.

decision-making process about what should be done to or with the offender, even though the use of victim impact statements are becoming more mainstream in traditional criminal justices processes.⁵⁰ In addition, justice system processing is inherently stigmatising and carries no opportunity to decertify or prevent the offender from identifying with the ‘criminal’ label.⁵¹

The practice of restorative justice predates Braithwaite’s RST.⁵² Primary observations of restorative practice rest with indigenous tribes of the Australian Aboriginals, New Zealand Maori, and Native Americans,⁵³ among other indigenous societies. These societies are inherently communitarian in that they are often small tribal communities where members must rely on each other for valued community goals such as food gathering, religion, and family preservation. As such, it is inherently necessary for the deviant behaviour of individuals in these groups to be dealt with in a ‘healing’ or harm reduction approach.⁵⁴

Yazzie and Zion⁵⁵ explain that even in child welfare cases where parents are accused of child abuse and neglect, restorative justice is also used. In cases such as these, rather than a judge or social worker making decisions about *the best interests of the child*, the extended family of the child will come together to address the behaviour of the parents and make arrangements for the child within the family rather than involving foster families or making the child *a ward of the state* as is common practice in modern day child protection cases. In this case, restorative justice can be used to create as little disruption to the child’s immediate circumstances. Despite originating in tribal societies, restorative justice has increasingly become used as a modern day alternative to criminal justice practices, methods of dealing with wayward youth, criminal behaviour and child protection.

This study seeks to identify the way in which stigma management can be translated into practice in an example of a problem-solving court that was founded on restorative practices and influenced by the growing literature on TJ. FTC is an example of a drug court used to manage parents with child protection cases and co-occurring drug and/or alcohol addiction issues. Parents in this courtroom must contend with the potential stigma of ‘bad parent’, ‘addict’, and often ‘offender’ and as such provide a good setting for understanding how or whether those stigmas are managed through the therapeutic nature of the court. Previous work on this court has illustrated the restorative and therapeutic orientation to justice currently used by this courtroom.⁵⁶ This study extends that work by offering an in depth examination of the practices and interactions that are able to deflect the stigma associated with the behaviour of parents in the FTC.

⁵⁰ John Braithwaite, ‘Juvenile Offending: New Theory and Practice’ (Paper presented at the National Conference on Juvenile Justice, AIC Canberra, 1992).

⁵¹ Braithwaite, above n 3, 1.

⁵² Ibid.

⁵³ Jim Consedine, *Restorative Justice: Healing the Effects of Crime* (Ploughshares Publications, 1999); D Moore and T O’Connell, ‘Family Conferencing in Wagga Wagga: A Communitarian Model of Justice’ in J Alder and J Wundersitz (eds), *Family Conferencing and Juvenile Justice* (Australian Institute of Criminology, 2003); Robert Yazzie and James Zion, ‘Navajo Restorative Justice: The Law Of Equality And Justice’ in Jerry Johnstone (ed), *A Restorative Justice Reader: Text, Sources, Context* (Willan, 2003).

⁵⁴ Yazzie and Zion, above n 53.

⁵⁵ Ibid.

⁵⁶ Fay-Ramirez, above n 5.

D *The Problem Solving Method in Family Treatment Court*

The Washington State Family Treatment Court is a unique blend of youth, criminal, and civil matters. The FTC falls under the jurisdiction of the juvenile court, which is responsible for matters of youth delinquency (criminal) as well as child protection and welfare issues (civil). FTC court clients are adults with drug and alcohol addiction issues managed under the juvenile system because the ‘victim’ of these child protection cases are youth. Because of this unique blend of jurisdictions, criminal sanctions can be applied when necessary in these civil cases. The FTC has two primary aims. First, to create a permanent placement for the child in a timely manner. Second, to rehabilitate parents with drug and alcohol dependency.

Typically, parents with active child protection cases are referred by the State Department of Health to a special arm of the juvenile court that deals only with child protection issues including supervision of parents and children in or out of state care.⁵⁷ Under this process, parents have a court hearing every six months, which allows a juvenile court judge to review their progress. Parents have 18 months to demonstrate that they are able to provide suitable care for their child. A court may ask the parents to provide suitable housing, resolve drug and alcohol addiction issues, or take parenting classes. If this is not done within the 18-month timeframe, parental rights to the child can be terminated.

Parents with active child protection cases supervised by the juvenile court and who have drug and alcohol additional issues can volunteer for the FTC program. The FTC differs from the traditional court process by adopting a range of problem solving approaches in order to combat drug and alcohol dependency and work towards family reunification. First, the FTC uses an *extended treatment team* consisting of lawyers for each parent, prosecutor representing the State Department of Health, a social worker, substance abuse counsellor, a child advocate or lawyer, a court manager and judge. This team of experts monitor and make decisions about each case in FTC and provide mental health support and resources for the individual needs of each case. Second, FTC includes a *greater degree of monitoring* by the judge and treatment team. Court clients are initially expected to attend court every two weeks (every six months in the traditional court process). These hearings are public open court hearings, which include the treatment team, parents, and often children. This hearing is used to report on progress the parent is making in drug/alcohol treatment and in any other program that the FTC has deemed appropriate. Rewards and sanctions may be applied to the parent based on the progress or lack of, and concerns about the case are discussed. The purpose of frequent monitoring in FTC is to provide greater supervision of parents so problems can be raised and rectified quickly and progress is not lost.

In contrast to the traditional court process, the FTC also uses *greater involvement of all parties* in each case via ‘staffing sessions’ and ‘wrap-around sessions’ to make a decision and discuss each case. Staffing sessions are closed to the public and clients and children do not attend. These sessions are used to review all cases to appear in public review hearings that day and decide on any sanctions and rewards, changes to the client treatment plans, or placement of children in each case. Wrap around sessions take place outside of court, involve the extended treatment team, the parents, children, extended family members or any others who can provide support to the family. Concerns about progress, long-term treatment goals, including employment, housing, or any other issue can be raised and discussed at these meetings. The

⁵⁷ Typically, cases come to the attention of the State Department of Health via calls from concerned citizens, and mandatory reporters such as police, doctor, and schools.

wrap around session is designed to be supportive for the parent and child – a safe place where both can talk about progress and concerns.

II DATA & METHODS

The current study was conducted in a Washington State Family Treatment Court (FTC), a problem solving court managing parents accused of child abuse and neglect who are also battling drug and alcohol addiction issues. The data comes from observations of open and closed court hearings. Observations were collected from approximately 90 visits to court over the course of 18 months (January 2004 to June 2006), over 600 hours of observation. All scheduled court calendar days were attended (FTC is held one day a week only) which allowed me to observe all hearings before the FTC. Field notes were written in a small notebook during observations and typed within 24 hours of observation. This research had full Human Subjects Approval from the University of Washington Institutional Review Board (# EB-28278).

The aim of this study is not to evaluate the success or failure of the FTC to reunite parent with children, instead, I seek to investigate how the FTC functions in respect to its stated therapeutic and restorative aims, and I investigate how team members interact with each other, parents, and children. During observations, I sat in the public gallery of the courtroom among FTC clients, and FTC personnel. Permission for observations came from the Director of Juvenile Court Services, the FTC program manager, and the FTC judge.⁵⁸ Additionally, I attended one FTC management meeting (attended by FTC personnel only) and approximately 20 staffing sessions. Staffing sessions are used by the FTC treatment team to discuss each case that will be heard in court each day prior to the courtroom hearing. Ethnographic observational methods are particularly important for this study given that the aim of this study is to investigate how the FTC functions with specific attention to the interactions between judge, treatment team, and client.

Where possible, direct quotations are provided from field notes taken during court hearings, and staffing sessions. While field notes are not copied from official court transcripts, they provide the majority of interactions between team members and clients including descriptions that point to body language and emotion that official transcripts cannot supply. Interactions between team members and clients are often repetitive and typical in most cases, therefore making the note taking process more accurate. While not identical to official records, this method of data collection has been used in similar courtroom studies.⁵⁹

Observational field notes and interviews were analysed using traditional ethnographic research methods. These methods consisted of reading through typed field notes and interview transcripts and coding data into themes and patterns.⁶⁰ As such, the data used for illustration in this study are representative of common, typical, and repetitive patterns in the data. Unique or uncommon interactions are otherwise noted. Typical patterns in the data, the results of this study, were easy to illuminate, therefore emphasising the validity and reliability of my findings.

⁵⁸ Parents (offenders) of the FTC are referred to as ‘clients’ by FTC personnel and therefore will be referred to as ‘clients’ in this paper.

⁵⁹ Stacey Lee Burns and Mark Peyrot, ‘Tough Love: Nurturing and Coercing Responsibility and Recovery in California Drug Courts’ (2003) 50(3) *Social Problems* 416; Aaron Kupchick, ‘Prosecuting Adolescents in Criminal Courts: Criminal or Juvenile Justice?’ (2003) 50(3) *Social Problems* 439.

⁶⁰ Robert Emerson, *Contemporary Research: Perspectives and Formulations* (Waveland Press, 2001); Robert Emmerson, Rachel Fretz and Linda Shaw, *Writing Ethnographic Fieldnotes* (University of Chicago Press, 1995).

III FINDINGS

Observations and interviews show that the FTC members manage stigma via three core mechanisms. First, as each client comes before the court to review the progress of their case, the treatment team focuses first on positive events and accomplishments as well as ending the review session emphasising progress made rather than focusing on concerns or consequences for rule breaking or failure to stay sober. Second, when the treatment team does have to deal with rule breaking and decide on consequences for inappropriate behaviour, the focus of that discussion revolves around how the deviant behaviour affects the children involved with the case and what the client can learn from their mistake, rather than focusing on a purely punitive response. Third, the client is treated as a member of the FTC treatment team rather than just the subject of it. Therefore, as consequences and decision are made for each client, the client can become an integral part of the decision-making process particularly in respect to the care of their children. Each of these is discussed below.

A Focusing on the Positive

Analysis of observation notes show that the FTC workgroup manages stigma by focusing on positive events at both the beginning and the end of each review hearing. According to Braithwaite and Mugford,⁶¹ in order for stigma to be effectively managed or deflected, the deviant act must be uncoupled from the individual allowing for the perception that the individual is essentially good, yet occasionally lapses into profane acts. Thus, by emphasising positive events or events that are praise worthy, FTC minimises associated stigma for clients rather than focusing on rule breaking or deviant behaviour such as lapses in sobriety.

Observations of FTC show a commonly used phrase at the beginning of client hearings. Clients are often first approached by the judge with the question ‘Tell me something good’, a phrase that asks the client for information on a positive event or experience. The following examples depict a commonly observed interaction between the judge and client in a review hearing:

J: Good morning! Tell me something good (leaning forward towards the client, hands clasped together and smiling).

C: The internship I have been working at has offered me a permanent position.

J: That’s great news! Congratulations (The judge motions for the rest of the team and those sitting in the courtroom to give the client a round of applause).

In another example:

J: Good Morning Sir! How are you?

C: Taking it one day at a time...

J: So tell me something good!

C: I’m here and I’m sober.

J: That is a good start. What else?

C: I had a really good visit with my son this week. We went to the video arcade and had some ice cream. It was a really great day. One of our best visits ever I think.

J: Sounds like you had fun. I’m glad to see that you are spending time with him. So you know we need to deal with something today... and this is?

⁶¹ Braithwaite and Mugford, above n 23.

C: Dirty UA (Client hangs his head and does not look at the judge or other team members)

J: No, dilute UA. Which we consider dirty, but we have to get to the bottom of anyway.

In the first example, the judges' first interaction with the client is to ask the client to focus on positive events. When the client responds that they have been offered a permanent position at their workplace, not only does the judge offer praise and congratulations but motions for the rest of the courtroom to also focus on this positive event. In the second example, the client has breached program rules by having a UA (urine analysis) test that was unclear. However, rather than focusing first on this breach of program rules, the judge still begins the courtroom interaction asking the client to focus on a positive event. When their answer to tell the judge something good is brief, the judge prompts the client to go into more detail, allowing them to share a positive experience had while visiting their son, before the judge and treatment team discuss the unpleasant topic of a dilute UA.

By focusing on positive events at the beginning of each client hearing, the first interaction with the judge and treatment team is positive where the judge and team congratulates clients for accomplishing a particular goal, or the client is able to share a happy or enjoyable experience with the team. This first interaction helps to remove the individual from negative aspects about the case, such as having consequences for dirty or dilute UA. By not focusing on these negative aspects of the client's case, the client is first presented to the court as an individual who has accomplished some goal that is praiseworthy rather than an addict or bad parent, thus emphasising the positive aspects in the client rather than only the negative. Managing stigma, a core aspect of restorative justice and reintegrated shaming, by promoting the positive behaviour of court clients instead of solely focusing on negative behaviour or concerns emphasises a therapeutic goal of the court; to recognise the impact that court experiences have on the wellbeing of offenders.

Not only is the client encouraged to start each review hearing with a positive event, but when the client's immediate focus is something negative such as a concern about the progress of the case or bad behaviour, the judge redirects the client back to emphasising positive experiences.

J: Hi, Tell me something good.

C: [Sigh] I missed some meetings this week

J: Wait! [Judge interrupts the client by putting her hand in the air]. You were supposed to tell me something *good*. So let's start again. How are you?

C: I'm ok. I am working on my first 2 steps [AA or NA] with [name of counsellor]

J: And how long clean and sober?

C: 8 months tomorrow. [The judge, treatment team and the audience clap]

In this example, when the judge asks the client to 'tell me something good', the client starts to tell the court that they missed some of their meetings during the last two weeks. While missing meetings could be considered a violation of the client's court order, the judge stops the client from explaining and redirects the client back to telling the team 'something good'. This suggests that promoting the therapeutic potential of the courtroom experience is not just part of the process; it is a primary goal of the FTC.

Not only are positive events the focus of the beginning of each client's hearing, but the treatment team and judge also consistently end client hearings with praise. Positive endings of client hearings often come in the form of praise from the judge or other treatment team member

expressing how proud they are of their progress, how different they look now to when they first joined the program, or how much they look forward to giving them incentives for continued progress such as unsupervised visits with their children or moving them up a level of the program. The following are typical examples of the end of a review hearing:

J: Is there anything else? [to team members]

SW: Yes I just want to say how proud I am of the progress you are making. You have done everything that we have asked of you. You have come a long way and we are all really proud of you.

C: Thank you [She is smiling]

J: And next week you know what we have to look forward to?

C: Ahh I'm not sure

J: Level 2 if all goes well.

C: Yay [she claps her hands together.] I will be good I swear.

J: We will see you in 2 weeks.

In another example,

J: So it's status quo for you today. Just keep doing what you have been doing. We think you are doing great.

C: OK Thank you. [She is smiling and looking at the judge]

PM: We are back in court in two weeks.

J: Can I just say that I wish we had a photo of you when you first came here. You look so different. You look great! And you have come a long way very fast.

In the first example, the social worker praises the client for the progress they have made in their case. The client responds with happiness to this praise by smiling and thanking the social worker. Then the judge reveals to the client that if such progress continues, they will be elevated to level 2 of the FTC program. The client reacts excitedly, clapping their hands together and promising that they will 'be good' so that movement to level 2 is possible. In the second example, at the end of the hearing the judge remarks on the overall positive changes seen in the client since first starting the program. Ending a client's hearing in such a manner acts to deflect or manage the stigma of addiction and parental failure by having the last interaction with the courtroom personnel as positive rather than negative. This sends the client away from the court emphasising their accomplishments rather than their failures.

Courtroom hearings during the observation period usually began and ended as described above. Rarely were there hearings where the first or last interaction with the judge and treatment team did not end on a positive note. When these intentional positive interactions were absent, it was usually when the usual FTC judge was absent and another juvenile court judge had to step in. Prior research on problem solving courts indicates that the informal interactions described above are learned by judges and court actors with repeated exposure to the problem solving method and take time to adopt.⁶² Thus, examples where this stigma management strategy is not used can be explained by unfamiliarity with the problem solving method.

Beginning and ending each court hearing by focusing on positive characteristics, progress, or case outcomes deflects stigma by not allowing the labels of 'bad parent', 'addict' or 'offender' to dominate courtroom interactions. This way of deflecting stigma allows a more positive label

⁶² Ibid 5.

to be the first and last experience for the client and therefore minimises the dominance of potentially harmful labels. Thus, this problem solving court manages stigma and shame and promotes the potential therapeutic effect of the legal system for parents. Because the best interests of the child (victim) are the focus of these cases, these tools potentially have therapeutic effects for the victims also.

B Program Violations are Educative Opportunities

The second mechanism for deflecting or managing stigma is making consequences for rule breaking as educative as possible rather than punitive. Consistently, across all cases and all types of hearings, consequences for rule breaking represent(entail?) the client being able to learn from their mistake(s?) rather than only (the reception of?)strict punishment for wrongdoing. Consequences are derived primarily to educate clients about their own behaviour rather than to purely punish. In the following example, a client has tested positive for drugs while in an outpatient treatment program. In the review hearing conducted on the phone, the client is confronted with the behaviour and the consequences.

J: Tell me where you are now. Are you on blackout?⁶³

C: I had an inspection yesterday. [Mental Health rep] really helped out. I really appreciate it.

J: So you used and almost blew your placement [in treatment] but [Mental Health rep] helped.

C: I had some false information. I used because I thought I was getting kicked out of the program.

J: My understanding is that you went into panic, street mode, and stopped thinking about the consequences and your children (using a half scolding tone). You just can't do that. The team is here for you. This is what we decided to do with you, you are going to write a 10 page letter to the treatment team explaining what was going through your head when you decided to use again. We want to understand why this is happening and we want to you to understand.

In this example, the client admits to their drug use when confronted by the judge. The judge, tells them that forgetting how the consequences of that behaviour affect their children is not acceptable. However, while a lapse in sobriety is considered a serious offence, the judge asks the client to write a letter explaining the behaviour to the treatment team. Reduced contact with children, being ordered to go to an inpatient treatment center or even jail time are available for the judge to use as consequences, but the FTC treatment team chooses to react to drug relapse in a manner that maximises education. Not only is this consequence to help the team understand the client's actions, but to help the client understand why relapsed back into addiction has occurred. It also reinforces the support that the client has in the team members, be they attorney, program manager, mental health representatives, or social workers.

FTC interactions also suggest that educative consequences often focus on the client's children. The treatment team and judge will ask the client not to think about the consequences of their own behaviour as FTC program participants but as parents. In the following example, a parent who has relapsed and missed scheduled visits with their child is asked to write a letter to their child apologising for their relapse.

⁶³ The term blackout is used to refer to the first stage of a client's stay at an inpatient treatment center. During this period the client cannot leave the facility and the client's access to the outside world, such as having visitors, is restricted.

J: How are you doing?

C: Alright.

J: So what has been going on?

C: I was going to be discharged [from treatment program] for testing positive to cocaine and marijuana but [name of FTC mental health rep] fought really hard for me.

J: Well, we do have to address that. What I want you to do is write a 10 page letter to your children explaining what you were thinking when you started taking drugs again. You are going to submit the letter to your attorney by next Thursday. I want to know how you explain this to your kids.

(silence)

C: I don't know

J: I know it is tough and we will give you some time.

PM: We will return for a phone hearing next Friday. Ok?

C: Ok.

In this example, the client has relapsed back into drug use. The judge's consequence for the behaviour is for the client to write a letter to their children explaining and apologising for the behaviour. Again, this consequence serves to educate the client by redirecting the client's priorities back towards the children. This consequence highlights responsibility to children rather than just a consequence for deviant behaviour.

These educative consequences help to deflect or manage stigma by allowing the consequences of behaviour to reflect the judge and the team's view that their behaviour was deviant but also allowing the client to redeem themselves through apology or making an effort to explain why the behaviour occurred. According to Braithwaite⁶⁴ this gives the client the opportunity to experience the disapproval of their actions but allows them to make reparations. The court emphasises responsibility and gives the client another chance to become sober again. Consequences such as these support an orientation to restoration, according to Braithwaite's theory of reintegrative shaming.⁶⁵ These stigma management strategies also underscore the importance of a therapeutic approach to promote interactions and experiences in the courtroom that deal with negative behaviour in a safe environment that build the rapport necessary for a restorative process to be successful.⁶⁶

More severe penalties for rule breaking or bad behaviour are not necessarily uncommon in FTC. The threat of gaol, restricting contact with children, or other severe sanctions is also used by the FTC.⁶⁷ Observations suggest that they are not used as a first priority but a last resort. However, as FTC caseloads increase and the turnover of courtroom staff that are not acquainted with the problem solving method increase over-time, evidence suggest that the extended treatment team display increasingly punitive attitudes that shift the restorative and educative sanctions towards more punitive ones.⁶⁸ Thus, though educative responses to bad behaviour are valued by the FTC, they become difficult to maintain overtime as the FTC experiences increased pressure to process more and more cases.

⁶⁴ Braithwaite, above n 3, 1.

⁶⁵ Ibid.

⁶⁶ Ibid 3, 11, 12.

⁶⁷ See Fay-Ramirez, above n 5.

⁶⁸ Ibid.

C *Clients are Part of the Decision Making Process*

The final mechanism for managing stigma is for the team to incorporate the client into the decision making process about their own case. FTC's treatment team was intentionally designed for team decision making. Each team member represents a profession such as social worker, child advocate, or mental health worker able to weigh in on important and related aspects of each case. However, during review hearings, the parent is often included in the decision making process not only about the welfare of their own child, but decision about the progress and direction of their case.

The following example is a common scenario for parents who have made considerable progress in the FTC program. Long periods of client sobriety are at times interrupted with a relapse back into drug or alcohol consumption towards the end of the case. Becoming overwhelmed with appointments and responsibilities are a commonly cited reason for the relapse. In the following example, both parents are level 2 FTC parents and the plan is to return their 7 year old child to them later in the year. However, the mother has tested positive for alcohol in a recent UA. In court, the mother admits that alcohol was related to overwhelming daily stress.

J: What do you think we should do about this relapse?

C: I want to increase my UA's to 3 per week. I want to increase my face-to-face counseling sessions with [Mental health rep] and I want to redo my AA steps.

J: Agreed. Let's start with that and see where that gets us. We just want you to get back on track.

In this example, the parents are not new to the FTC program but are well on their way to program graduation and achieving the ultimate goal of family reunification. However, relapse back into addictive behaviour has occurred for one of the parents. Instead of telling the mother what the consequence will be, the judge asks her, what they think should be done about this breach. The client suggests an increase in counselling sessions and UA's as well as reworking though steps learned at AA meetings. The judge agrees to this. By asking the client to suggest what should be done to correct her behaviour, they are able to take ownership in the proceedings. This is important for the success of restoration because the client is more likely to follow through with resolutions, or in this case, court orders.⁶⁹

Parents are also invited to participate in decisions made for their child even though it is their parenting skills that have precipitated the case against them. In the following example a parent is again asked to participate in the decision making process with the treatment team about the welfare of the child.

J: We need to talk to [name of son] about counselling.

C: I know, he just does not want to go.

Mental Health: Do you know why that is?

C: I'm not sure if it is part of teenage rebellion and going through the transition of moving back home or that he really does not like it or enjoy it.

J: Do you have any light to shed on this? [To child's attorney]

Att: I had a chance to chat with [son's name] and he tells me that he is bored.

J: What do you think [to mother]?

C: I think he needs to do it anyway but maybe find him someone new.

Mental Health: We could do that.

⁶⁹ Braithwaite and Mugford, above n 23.

J: OK let's see if that gets us anywhere. But you can't let him get out of it. Being bored is not a good excuse.

C: OK.

In this example, the FTC team discusses why one of the client's children refuses to go to counselling sessions. A mental health team member asks the client if they know why the child does not want to go. The judge refers back to the parent for suggestions, including them in the discussion on how to keep the child in counseling. When the client suggests finding a new counsellor, the judge agrees to try it. Even though the court has mandated that the child seeks counselling, when that order is violated, the treatment team includes the parent in the discussion about the child. This creates ownership in the process of managing the client's case. The treatment team actively includes the parent in the discussion. This helps to deflect the stigma of 'bad parent' because the parent becomes more active in the process. This avenue for empowerment is one that is highlighted by restorative and therapeutic approaches more generally.⁷⁰

Parents are brought into the decision making process in another form. Wrap-around meetings take place outside of court, usually, at a location more convenient for the parent. These meetings include the treatment team, but often exclude the judge. Foster parents and any other members of support for the client are encouraged to attend. The meetings are used to talk about issues relating to the case. Disputes between biological and foster parents and problems with addiction and treatment can be discussed prior to formal orders being made in an FTC Review hearing. While these setting were not available for observation during this study and therefore cannot be analysed as to the parent's involvement, it is worth noting that these meetings are often referred to in open court and discussed. The judge will often ask how a parent's wrap around meeting went and how it helped them.

J: So I hear you had your wrap around last week. How did that go?

C: Yes. I think it went well. I was really able to get some things off my chest.

J: That's good. So it was productive.

C: Yes we talked about and now have a treatment plan.

J: That's what I wanted to hear.

The above example is suggestive of how parents view wrap around meetings. This exchange between judge and client about a wrap-around meeting is consistent with other FTC hearings. While this example shows that the primary goal of these meetings is to formulate a treatment plan that will guide each individual case, it is implied that the client is involved in these discussions, and that they are useful to the client, again underscoring the value of empowerment as part of the problem solving method.

Client involvement in the decision making process in one of three ways that the stigma of 'addict', 'bad parent', and 'offender' are managed within the FTC program. Other mechanisms for managing stigma include making consequences educative rather than punitive, even for serious offences such as a lapse in sobriety, and beginning and ending each client review hearing in a positive tone. Stigma is managed by de-emphasising the person as a deviant individual or rule breaker, and focusing more on correcting the behaviour, helping clients to recognise progress over failures, and given them ownership in the FTC process. Including parents as part of the decision making process about their own case and the welfare of their

⁷⁰ See Braithwaite, above n 11.

children directly reintegrates them back into the family, into the role of parent, and might aid in a smoother transition out of the child protection system.

TJ in practice can take many forms, but consistent with the therapeutic literature is the emphasis on the interactions and experience of individuals in the courtroom (and the justice system in general) and the power that those interactions have to build trust and legitimacy, compliance for court orders and treatment plans, and taking account of the context and individual circumstances of the behaviour in question. Stigma becomes linked to a person's identity in the process of interacting with others. Therefore, the work that therapeutic courts are doing to pay attention to the potential consequences of legal decisions and the manner in which they are delivered is inextricably linked to stigma management. Where restorative justice practices have become very popular in diversionary court programs, the findings from this study suggest that these tools are useful in translating theory into practice in other courtrooms.

D *Limitations*

As an in depth case study, there are some limitations to these findings that should be noted here. First, findings discussed here examine the interactions of just one example of a FTC and thus the findings may not be replicated or generalisable to other FTCs or problem solving courts more broadly. Though generalisations cannot be made, the example that this study provides on how courtroom interactions can utilise restorative and therapeutic tools to manage stigma and its associated consequences contributes to the vastly theoretical discussion of stigma that dominates much of the social science research on the justice system. It is also difficult to assert whether these stigma management practices are generated from the FTC model in general or whether stigma management was a specific goal of the court's operations prior to its inception. In other words, it is unclear whether these practices are developed with the explicit intention to manage stigma or whether they developed organically from within or as a result of the therapeutic orientation of the court. Regardless, extending the knowledge on how these interactions can have an impact on the damaging stigmatisation process of the justice system is helpful for those using the therapeutic model as a base for courtroom development and evolution.

IV CONCLUSION

This 18-month qualitative case study of FTC examined the interactions between courtroom actors and court clients as well as attitudes from court personnel in order to understand the extent and nature of stigma management associated with parents of child protection cases. Evidence from observations and interviews suggest that it is possible to deflect the potentially harmful labels of 'bad parent', 'addict' and 'offender' in the FTC and that this is done in three primary ways. First, court hearings begin and end by focusing on positive achievements for court clients. Second, consequences for rule breaking or deviant behaviour, such as being unable to maintain drug and alcohol sobriety, are used as opportunities to educate the client and the FTC team about the client's behaviour. This does not mean that punishments are necessarily soft, but they are used to provide information as well as build rapport between the FTC team and the parent. Finally, the FTC manages stigma by including the parent in the decision making process about his or her case and the welfare of their children even if they do not currently have custody of them.

Though this qualitative case study cannot make predictions about the causal pathways between stigma management and FTC outcomes for parents, existing research suggests that problem

solving courts utilising a therapeutic approach like that of the FTC, have quicker time to family reunification, longer term stability of family reunification after the FTC program is complete, and longer term sobriety.⁷¹ If these outcomes are aided by the support and rapport building interactions indicative of this FTC that utilise the restorative approach as a tool to implement TJ, then it may be that stigma management along with the other defining features of problem solving courts, are contributing to the success that empirical evaluations suggest.

The child protection system has often been characterised as failing the children it is designed to protect.⁷² One of the most concerning observations of child protection cases is the likelihood of parents returning to the system after family reunification, creating a revolving door effect where parents experience judicial monitoring of their parenting repeatedly and their children are in flux between their biological parent's care and foster care. Existing research suggests that the therapeutic approach helps to ameliorate these trends in child protection cases. Stigma management may be at the heart of understating why therapeutic courts are enjoying this success. The effects of stigmatisation are also not limited to child protection cases; the mark of a criminal record has been long understood to be linked to the stigmatising nature of criminal justice process as well as the negative long-term outcomes of the re-entry process. This may suggest that utilising therapeutic tools that guide simple courtroom interactions may contribute to better outcomes for many individual who experience judicial supervision and processing.

⁷¹ See Picard-Fritsche, above n 27, 2; Wolf, above n 8, 2; Shelli Rossman et al, *The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts Vol 4* (Urban Institute Justice Policy Centre, 2011).

⁷² Tanya Coakley, 'The Influence of Father Involvement on Child Welfare Permanency Outcomes: A Secondary Data Analysis' (2013) 35 *Children and Youth Services Review* 174; Philip Genty, 'Permanency Planning in the Context of Parental Incarceration: Legal Issues and Recommendations' (1998) 77(5) *Child Welfare* 543.