

The Impact of Child-Parent Psychotherapy on Child Dependency Court Outcomes

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ABSTRACT

Although parental compliance with court orders in child welfare cases is key to achieving physical parent-child reunification and successful case closure, little research has examined how parent-child relationship-focused rehabilitative services uniquely influence case outcomes. This project fills this gap by investigating links between court ordering of and parental participation in Child-Parent Psychotherapy (CPP) with court outcomes. Data were obtained from court records of 448 court-involved parents. Hierarchical regressions revealed that greater participation in CPP led to reunification and successful case closure but not faster case closure. Courtroom professionals should consider parent-child relationship-based therapies as tools for achieving child welfare goals.

Key words: Child-Parent Psychotherapy, child welfare, child dependency court, dispositional orders, service participation.

THE IMPACT OF CHILD-PARENT PSYCHOTHERAPY ON CHILD DEPENDENCY COURT OUTCOMES

In 2018, approximately one percent of children in the United States were found to be the victim of substantiated allegations of child abuse or neglect (U.S. Department of Health and Human Services (DHHS), 2020). Roughly one in four of those children were subsequently removed from their home (DHHS, 2020) and most of these children were under the age of five, meaning they were separated from their caregiver during a vulnerable period of human development (DHHS, 2020; National Scientific Council on the Developing Child, 2012). Children are known to experience trauma not only as a result of abuse and neglect but also when they are removed from their primary caregivers. Children who are removed for extended periods of time exhibit negative cognitive, social, and emotional developmental consequences across childhood, adolescence, and young adulthood as a result of weakened attachments to their caregiver due to the physical separation (Goldsmith et al., 2004; Scarborough et al., 2009). Studies have shown that some children removed from their home exhibited increased mental and behavioral health problems compared to maltreated children who were allowed to remain at home with their primary caregiver (Berger et al., 2009; Lawrence et al., 2006; Pinnock, 2009; but MacMillan et al., 2009). Consequently, policymakers and researchers have been actively seeking ways to reduce the time removed children spend in out-of-home care while also motivating parents to make progress on their case and to ameliorate the proximal causes of the abuse and neglect allegations (e.g., Casey Family Programs, 2020; Nebraska Department of Health and Human Services, 2019; Casanueva et al., 2019).

Courts and legal actors play an important role in overseeing state intervention into families in order to balance the protection of children and the rights of parents (Adoption and Safe Families Act, 1997). More knowledge on the impact of how specific court-ordered treatments might affect parents' case progression is required for these stakeholders to make informed treatment decisions. Extensive research has found that parental

cooperation with ordered services and the quality of the parent-child relationship are important predictors of court outcomes such as physical reunification and retention of parental rights (Brank et al., 2001; Ben David, 2016; Cordero, 2004). However, little research has examined the impact of specific legal decisions, such as court orders for adjudicated parents to complete rehabilitative services, on parents' case progression and associated outcomes (see Gupta-Kagan, 2016). Evaluation research has shown that parent-child relationship-based therapies are interventions that courts can order eligible parents to participate in with their children because insecure and dysfunctional parent-child relationships are a major barrier to reunification (Casanueva et al., 2019; Cordero, 2004), which can be addressed by such treatments. Specifically, Child-Parent Psychotherapy (CPP), an evidence-based parent-child relationship-based therapy, has already seen some implementation success in juvenile court settings, though more research is needed to understand the unique impacts of this type of service on case outcomes (Casanueva et al., 2019; Chinitz et al., 2017; Osofsky et al., 2017). The present study addresses this gap in the literature by examining the impacts of court orders to participate in CPP and parents' actual participation in CPP on their child welfare case outcomes.

Child Welfare and Courts

Dependency courts serve as the judicial branch's check on the executive branch's authority to intervene in families through the Department of Health and Human Services (DHHS) following substantiated allegations of abuse or neglect. The goal of the dependency court process is not only to determine whether a child was abused or neglected but also to develop a rehabilitation plan that parents must follow to ameliorate the precipitating causes of the abuse or neglect and monitor progress made towards the plan's goals (Adoption and Safe Families Act, 1997; *In re interest of Leyton C. & Landyn C.*, 2020). To develop that rehabilitation plan, the court relies on representatives from DHHS to conduct an investigation, evaluate the causes of the adjudicated issues, and identify restorative activities that the family can participate in to correct those issues (*L.L. v. People*, 2000).

Dependency court cases typically end when the court terminates its jurisdiction over the children because the children are deemed to be in a safe and stable permanent home. This typically happens through one of two possible outcomes: reunification or adoption/guardianship. Reunification refers to when the children are returned to their parents' physical custody, determined to be safe there, and then all of the parents' legal rights are restored. Adoption/guardianship occurs when children do not return to their parents' home and parents lose some or all of their rights through voluntary relinquishment, non-voluntary termination of their parental rights, or the establishment of a guardianship with a long-term caregiver (Gardner & Dupre, 2013). Because parents, theoretically, stand to benefit from court-ordered services, court outcomes are inextricably tied to whether parents cooperate with those court orders (Ben David, 2016; Brank et al., 2001). Therefore, parents and children in the child welfare system are significantly impacted by the services the judge includes in the dispositional order. However, little research examines the impact of these legal decisions on case outcomes despite need for

more research to better understand the impact that courts and legal actors can have on children and families involved in the child welfare system (e.g., Gupta-Kagan, 2016; Sales & Krauss, 2015).

Predictors of Court Outcomes

A variety of individual, family, and case-level factors influence how a court case closes (i.e., through reunification or termination of parental rights) as well as how long it takes for the case to progress through the court. Parent factors, including substance use, mental illness, socioeconomic status, family status, and housing are all important factors that predict case outcomes for court-involved families (Larrieu et al., 2008; Lloyd, 2018; Wulczyn, 2004; Green et al., 2007). Additionally, important case-factors include the severity of and the amount of risk associated with the case allegations (Grasso et al., 2019). For example, families with both mental illness and substance use are less likely to participate in the court-ordered rehabilitation plan and reunify than families facing only mental illness or only substance use (Carnochan et al., 2013; Marsh et al., 2006). Despite these additional factors, the research has consistently identified cooperation with the court-ordered rehabilitation plan as the key to steady case progression and eventual reunification between parent and child.

Parents' cooperation with court professionals and the case plan is known to be an important factor that predicts court outcomes. Parents who work better with professionals are more likely to reunify with their children and close their cases faster than those who do not have collaborative relationships with professionals (Fessinger et al., 2020; Meyer et al., 2010). Timely referrals and cooperative relationships between parents and case managers lead to better case outcomes and quicker time to case closure (Green et al., 2007; Meyer et al., 2010). The efforts made by case managers to engage parents in child-relevant decisions and activities increase the chances of reunification (Yampolskaya et al., 2017). Meyer et al. (2010) argued that, due to the important role of cooperation with court orders on case outcomes, courts can help parents by ordering services that jumpstart treatment and by holding the State to their burden to provide reasonable efforts by requiring timely referrals. Not only does compliance with court orders tend to lead to positive court outcomes, but compliance is also used as evidence to decide whether to continue working toward reunification, refocus services toward termination of parental rights, or concurrently plan for either outcome (Ben David, 2016; Brank et al., 2001; *In re interest of Leyton C. & Landyn C.*, 2020). Despite the evidence that compliance in court-ordered services is linked with better case outcomes, less is known about how courts ordering and parents participating in specific parent-child relationship focused services, such as CPP, influences time to case closure and case outcomes.

Child-Parent Relationship: A Barrier to Reunification

Disruption in the child-parent relationship can cause additional socioemotional issues that make reunification difficult for families separated by child welfare intervention, and continued parent-child relations can have benefits for children in out-of-home

care (Cordero, 2004; Heller et al., 2002; McWey et al., 2010). For example, some children separated from their caregivers due to allegations of abuse or neglect are more likely to develop behavioral problems and have attachment disturbances compared to their counterparts who remain with their parents (Heller et al., 2002; Scarborough et al., 2009; Osofsky et al., 2017). Compromised parent-child relationships, as evidenced by reactivity or ambivalence in parent-child interactions, have been found to be a barrier to reunification (Cordero, 2004). On the other hand, continuity in caregiving relationships serves as a protective factor for children in out-of-home care (Heller et al., 2002) and is associated with achieving permanency within a year (McWey et al., 2010).

Relationship-based therapies have emerged in the literature as a promising tool to repair these disrupted parent-child bonds. In their systematic review of randomized control trials, Calhoun et al. (2015) found that therapies that emphasized the parent-child relationship resulted in significant socioemotional improvements for children over time. An evidence- and relationship-based therapy that courts can order parents and children to participate in is Child-Parent Psychotherapy (CPP; Lieberman, et al., 2015). In fact, evaluations of the Safe Babies Court Teams across the US demonstrated that specialty courts focused on young children and parent-child relationships facilitated court outcomes (Casanueva et al., 2019). Safe Babies Court Teams emphasize families accessing evidence-based services, including CPP. In their evaluation of 251 sites, Casanueva et al. (2019) found that approximately half of the families involved were referred to CPP and 94% of those families participated in CPP. Evaluations provided evidence that Safe Babies Court Teams impact children and families by facilitating reunification and timely permanency (Casanueva et al., 2019; McCombs-Thornton & Foster, 2012).

Child-Parent Psychotherapy: A Rehabilitative Service

Child-Parent Psychotherapy (CPP) was developed in 1996 by the Child Trauma Research Program at the University of California San Francisco and is an evidence-based intervention (Child-Parent Psychotherapy, 2018a; Lieberman et al., 2005; Lieberman et al., 2015). CPP is a family psychotherapy modality based on the fundamentals of attachment, trauma, and psychodynamic theories that focuses on re-establishing the relationship between a young child who has experienced at least one traumatic event and their primary caregiver (Child-Parent Psychotherapy, 2018a). CPP therapists are master's or doctoral-level clinicians who have been trained in child development, trauma, and relationship assessment and have been recognized by University of California San Francisco Program (Child-Parent Psychotherapy, 2018b). Following an extensive assessment phase, the clinicians work with families through play-based interventions to bolster the reflective connection of the caregiver about the child. In weekly dyadic sessions, the clinician relies on play and interaction-based interventions to facilitate developing co-regulation through serve and return strategies (i.e., singing and moving together, social stories) (Lieberman et al., 2015). They aim to restore disrupted attachments and instill the psychological and behavioral tools needed to maintain the parent-child bond after the therapy has ended (Lieberman & Van Horn, 2011; Osofsky, 2011).

Numerous studies, including five randomized controlled trials, have demonstrated that CPP has clinical benefits for both parents and children (Guild et al., 2017; Hagan et al., 2017; Lieberman et al., 2005; Lieberman et al., 2006; Toth et al., 2002). For example, studies have found that CPP improves maternal and child mental and relational health and mitigates violence-induced trauma symptoms among both the mother and child (Hagan et al., 2017; Lieberman et al., 2005; Lieberman et al., 2006). Past research has further demonstrated that CPP can positively affect reunification and time to permanency (Casanueva et al., 2019; McCombs-Thornton & Foster, 2012). However, little to no research has examined how ordering families to participate in CPP and their subsequent participation uniquely impacts parents' success in achieving case-related goals.

The Aims of the Current Study

Although previous research has demonstrated the beneficial effects of relationship-based therapies for the mental and behavioral health of both children and caregivers, research has not yet examined the unique impact of these relationship-based therapies (such as CPP) on court case progression and outcomes for child welfare-involved families. Understanding the effect of legally-mandated participation in CPP is critical for children needing secure attachments, parents desiring to retain their parental rights, and courts seeking to do minimal harm to the child while ensuring the child's safety. Therefore, the current study examines the impacts of a judge ordering parents to participate in CPP and the parents' participation in CPP on the three following case outcomes: (a) *physical reunification* of the child with their primary caregiver at any time during the life of a case, (b) *successful case closure* through family preservation versus unsuccessful case closure through termination of parental rights, and (c) *time to case closure* from the date that the petition was filed. Additionally, we examine whether the effect of CPP participation on these outcomes varies by case severity as measured by the number of adverse childhood experiences present in the petition. Specifically, we investigate the following four research questions about all three outcomes:

1. Physical Reunification

- a. Are parents who were ordered to participate in CPP more likely to be physically reunified with their children compared to parents who were not ordered to participate in CPP?
- b. Are parents who participate more consistently in CPP more likely to be physically reunified with their children as compared to parents who participate less consistently?
- c. Are parents with more severe abuse or neglect allegations less likely to be physically reunified with their children than parents with less severe abuse or neglect allegations?
- d. Does case severity decrease the effect of CPP participation on the likelihood of physical reunification?

2. Successful Case Closure

- a. Are parents who were ordered to participate in CPP more likely to successfully close their case compared to parents who were not ordered to participate in CPP?
- b. Are parents who participate more consistently in CPP more likely to successfully close their case as compared to parents who participate in CPP less consistently?
- c. Are parents with more severe abuse or neglect allegations less likely to successfully close their case compared to parents with less severe abuse or neglect allegations?
- d. Does case severity decrease the effect of CPP participation on the likelihood of successful case closure?

3. Time to Case Closure

- a. Do parents who were ordered to participate in CPP see their case closed in fewer days compared to parents who were not ordered to participate in CPP?
- b. Do parents who participated more consistently in CPP see their cases closed in fewer days compared to parents who participated in CPP less consistently?
- c. Do parents with more severe abuse or neglect allegations see their cases closed in more days compared to parents with less severe abuse or neglect allegations?
- d. Does case severity decrease the effect of CPP participation on the time to case closure?

METHODS

Participants

Administrative data were collected from juvenile court orders and Department of Health and Human Services (DHHS) case plans and court reports for 448 parents involved in juvenile court presided over by the same judge. Those parents included adjudicated mothers ($n = 231$, 52%), adjudicated fathers ($n = 163$, 36%), and additional family members (e.g., parents' significant others, non-adjudicated parents, grandparents; $n = 54$, 12%). Each parent had two children on average ($SD = 1.2$). The most common primary allegation in petitions against parents was substance use ($n = 256$, 57%), domestic violence ($n = 34$, 8%), abandonment ($n = 15$, 3%), prior case ($n = 13$, 3%), physical abuse ($n = 8$, 2%), educational neglect ($n = 6$, 1%), homelessness ($n = 5$, 1%), medical neglect ($n = 5$, 1%), and other allegations ($n = 20$, 4%). Petitions for 86 (19%) parents included multiple allegations. Most of the parents' cases were closed ($n = 333$, 74.3%) through reunification ($n = 148$, 44.4%), voluntary relinquishment of parental rights ($n = 91$, 27.3%), or non-voluntary termination of parental rights ($n = 32$, 9.6%; other: $n = 62$, 18.6%). The remaining 115 parents' cases remained open at the time of

data collection. Information about parental race, parental ethnicity, and family income were not collected as these details were not included in the files that were coded.

Procedures

A trained research assistant content-coded court administrative records that were accessed via a statewide, online case management database. Legal files (including court orders and filings) and DHHS case plans and court reports were coded for petition allegations, important court dates, case outcomes, court orders, and service engagement. All procedures were approved by the University of Nebraska-Lincoln Institutional Review Board.

Measures

Independent Variables: CPP Ordered

To investigate the unique impacts of CPP, we coded the most recent dispositional or review court orders for CPP as ordered or not ordered. 99 (22.1%) parents were court-ordered to participate in CPP.

CPP Participation

Service participation for each parent was coded from caseworker reports in the most recent case plan and court report. For each service parents were ordered to complete, their participation was rated on a four-point scale (0 = not participating, 1 = inconsistently participating, 2 = consistently participating, 3 = completed treatment). Participation was considered inconsistent when parents missed multiple meetings and did not provide a legitimate justification for the absence as reported to the court by their caseworker. Participation was considered consistent when parents missed no meetings or a very small number of meetings with an identified reason. To examine the unique impact of CPP, *CPP participation* was coded independently of the other services, which were used as a control variable and described below.

Severity of Case Facts Index

The severity of the case facts was operationalized with an index of adverse childhood experiences (ACEs; Ben David, 2016). An ACE index score was calculated by summing the presence of eight ACEs in the petition and the first case plan and court report filed before the disposition hearing (not present = 0, present = 1; Felitti et al., 1998; Dube et al., 2003). *Psychological abuse* was coded present when there was verbal abuse in the form of name calling or threats toward a child. *Physical abuse* was coded present when there was physical abuse in the form of contact that left marks against the child. *Sexual abuse* was coded as present when someone sexually touched any child in the home. *Parent substance use* was coded as present when there was use or possession of alcohol or other controlled substances by anyone present in the home. *Parent mental illness* was coded as present when there was mention of depression, other mental illness, or self-harm by anyone in the household. *Violence against the mother* was coded as present when the mother or maternal figure was pushed, grabbed, slapped, kicked, bitten, punched, or threatened at least once. *Parent incarceration* was coded as present when the parent was imprisoned at

the time of the petition. Finally, a *prior child maltreatment case* was coded as present when a previously substantiated allegation of abuse or neglect was mentioned. A case severity index score was calculated by summing the ACE items. Higher scores indicated more severe case facts were present for the family.

Dependent Variables: Physical Reunification: Reunification occurred when the court returned physical custody of the child to the parent (0 = not reunified, 1 = reunified) at any point in the case. Following reunification, the case remained open until the court was satisfied that the child was safe and that the parent had corrected the adjudicated issues.

Successful Case Closure: Case closure occurred when the court terminated its jurisdiction over the family. We categorized case closure by whether it was successful (0 = not successful, 1 = successful). *Successful case closure* occurred when the court terminated its jurisdiction over the child following reunification. *Unsuccessful case closure* occurred when the court terminated its jurisdiction over the children following termination of parental rights. Although these might be positive outcomes for children depending on the facts of the case, we conducted this evaluation at the parent-level and thus treated success in terms of retention of parental rights.

Time to Case Closure: We recorded the date the State filed a petition to begin court involvement in the family and the date the court terminated its jurisdiction. Using these dates, we calculated the number of *days to case closure* by subtracting the date the court terminated its jurisdiction over the family from the date the petition was filed.

Control Variables: We controlled for the number of children named in the petition, child ethnicity (61% white), parent gender (52% mothers), the age of the oldest child named in the petition at the time of the petition ($M = 4.99$, $SD = 4.77$), and court orders for, as well as participation in, non-CPP treatments (i.e., Circle of Security, parenting classes, family therapy, peer support, moral reconnection therapy, and domestic violence classes). The non-CPP orders were summed to create the total number of (non-CPP) services each parent was ordered to complete. Non-CPP service participation was coded using the same scale as CPP participation as described above. *Average non-CPP Service Participation* was calculated by dividing the summed non-CPP service participation score by the number of non-CPP services that each parent was ordered to complete.

Analytic Plan

Data were inspected prior to testing study hypotheses. Skewness and kurtosis values as well as outliers were examined to detect any violations of the assumptions of normality (Bland & Altman, 1996a, 1996b). Most variables fell within adequate values of +2 and -2 (Field et al., 2012). However, time to case closure included two outliers that were more than three standard deviations above the mean. After these two outliers were removed, resulting in a final sample of 446 parents, time to case closure was no longer non-normally distributed (Skewness = .45, Kurtosis = .44). Time to case closure, mean service participation, mean CPP participation, and case severity index scores were mean centered. To test the study hypotheses, we used three hierarchical regressions: two binary logistic regressions to examine the impact of CPP on reunification and successful case

closure and one ordinary least squares linear regression to examine the impact of CPP on time to case closure. Hierarchical binary logistic regressions were used to examine the categorical outcome variables whereas an ordinary least squares linear regression was used to examine the continuous outcome variable (King, 2008).

RESULTS

Bivariate Associations

Bivariate correlations revealed that being ordered to participate in CPP, consistently participating in CPP, and mean participation in other services were all positively and significantly correlated with reunification and successful case closure ($r_s > .11, p_s < .05$). However, they were not correlated with time to case closure. Further, case severity was negatively and significantly correlated with reunification and successful case closure ($r_s > -.18, p_s < .05$), and positively and significantly correlated with time to case closure ($r = .12, p < .05$). Reunification and successful case closure were highly correlated ($r = .92, p < .001$). This was expected because most of the cases that were reunified were also successful case closures. However, we examined these dependent variables separately to determine if CPP impacted reunification differently when open cases were included in the analyses. Correlational and descriptive statistics are reported in Table 1.

Aim 1: Physical Reunification

A hierarchical binary logistic regression was used to test the hypotheses that being ordered to participate in CPP by the court and participating in CPP would increase the likelihood that a parent would be physically reunified with their children. Additionally, we tested whether having more severe case facts would decrease the likelihood of reunification and reduce the unique predictive validity of CPP participation on the likelihood of reunification. The outcome variable for the model was whether the parent was physically reunified with their children by the court at any point during the life of the case, including both open and closed cases. At each step, we controlled for the number of children in the family, the age of the oldest child at the time of the petition, child race, parent role, and the parents' mean participation in non-CPP services. See Table 2 for the hierarchical logistic regression results for reunification.

CPP Ordered: We found a significant CPP ordered model predicting reunification. The model accounted for 16.2% of the variance of reunification and correctly classified 66.9% of the cases. When controlling for factors that have been found to predict child welfare case outcomes, parents who were ordered to participate in CPP were 51.4% more likely to be reunified than parents not ordered to CPP (95% CI [0.28, 0.85]). Further, parents who participated more consistently than average with non-CPP court-ordered services were 2.31 times more likely to reunify with their children (95% CI [1.64, 3.26]).

CPP Participation: Parents' mean-centered CPP participation was added to the model, which resulted in a significant improvement in model fit and a significant model that accounted for 27.6% of the variance of reunification. The model correctly classified

TABLE 1
Descriptive Statistics and Correlations for Study Variables

Variable	n	M	SD	1	2	3	4	5	6	7	8	9	10
1. Number children	446	2.02	1.18	—									
2. Child age	445	4.99	4.77	.31***	—								
3. Child race	400	.61	.49	-.02	-.06	—							
4. Role	446	.52	.50	-.09	.03	-.04	—						
5. Other participation	446	.29	.78	-.01	-.09	.09	-.05	—					
6. CPP Ordered	416	.24	.43	.07	-.21***	.09	.12*	.20***	—				
7. CPP Participation	410	.38	.87	-.07	-.19***	.10*	.06	.34***	.74***	—			
8. Case Severity Index	445	2.02	1.04	.15**	.25***	-.01	-.04	-.06	-.08	-.10*	—		
9. Reunification	407	.40	.49	.08	.00	-.06	.03	.28***	.17**	.34***	-.18***	—	
10. Successful case closure	319	.47	.50	.08	-.09	-.12*	.02	.28***	.11*	.31***	-.14*	.92***	—
11. Days to case closure	254	549.75	251.67	.17**	.11	-.06	-.02	.01	.10	-.09	.12*	-.32***	-.32***

Note. Child race: white = 1, non-white = 0; Role: mother = 1, other = 0; CPP Ordered: yes = 1, no = 0; Reunification: yes = 1, no = 0; Successful case closure: yes = 1, no = 0. * $p < .05$, ** $p < .01$, *** $p < .001$.

TABLE 2
Hierarchical Logistic Regressions Predicting Reunification and Successful Case Closure

Variable	Step 1				Step 2		
	B (SE)	Wald	Exp (B)	95% CI Exp(B)	B (SE)	Wald	Exp (B)
Reunification							
Number children	.14 (.10)	1.90	1.15	[.94, 1.41]	.24 (.12)*	5.07	1.28
Child age	.02 (.03)	.73	1.02	[.97, 1.08]	.02 (.03)	0.43	1.02
Child race	.30 (.24)	1.50	1.34	[.84, 2.16]	.46 (.26)	3.23	1.58
Role	-.20 (.24)	.70	.82	[.51, 1.32]	-.30 (.26)	1.38	0.74
Other participation	.84 (.18)***	22.92	2.31	[1.64, 3.26]	.78 (.19)***	16.69	2.18
CPP Ordered	-.72 (.28)*	6.48	.48	[.28, .85]	1.45 (.56)**	6.60	4.28
CPP Participation					1.44 (.30)**	23.80	4.22
ACE							
CPP Part. X ACE							
Constant	-.30 (.32)	.85	.74		-.48 (.37)	1.27	0.66
Step X ² (df)					35.45 (1)***		
Model X ² (df)	44.69 (6)***				80.14(7)***		
Nagelkerke R ²	.162				.276		
-2 Log likelihood	427.22				391.77		
Successful Case Closure							
Number children	.26 (.12)*	4.70	1.29	[1.03, 1.64]	.36 (.13)**	8.07	1.43
Child age	-.04 (.03)	1.52	0.96	[0.91, 1.02]	-.04 (.03)	1.48	0.96
Child race	.65 (.28)*	5.33	1.92	[1.10, 3.33]	.80 (.30)**	7.09	2.22
Role	-.15 (.27)	0.30	0.86	[0.50, 1.47]	-.31 (.29)	1.09	0.74
Other participation	.87 (.21)***	16.87	2.39	[1.58, 3.63]	.80 (.23)**	11.90	2.23
CPP Ordered	-.38 (.32)	1.42	0.69	[0.37, 1.27]	2.17 (.67)**	10.49	8.78
CPP Participation					1.63 (.36)***	21.10	5.12
ACE							
CPP Part. X ACE							
Constant	-.27 (.36)	0.58	0.76		-.43 (.42)	1.02	0.65
Step X ² (df)					32.30 (1)***		
Model X ² (df)	37.06 (6)***				69.35 (7)***		
Nagelkerke R ²	.173				.305		
-2 Log likelihood	332.90				300.60		

Note. Reunification: reunified = 1, not reunified = 0; Successful case closure: successful = 1; unsuccessful = 0; child race: non-white = 1, white = 0; role: others = 1, mother = 0; CPP ordered: not ordered = 1, ordered = 0. * $p < .05$. ** $p < .01$. *** $p < .001$.

95% CI Exp(B)	Step 3				Step 4			
	B (SE)	Wald	Exp (B)	95% CI Exp(B)	B (SE)	Wald	Exp(B)	95% CI Exp(B)
[1.03, 1.57]	.26 (.11)*	5.78	1.30	[1.05, 1.61]	.26 (.11)*	5.69	1.30	[1.05, 1.61]
[.97, 1.07]	.03 (.03)	1.27	1.03	[.98, 1.09]	.03 (.03)	1.27	1.03	[.98, 1.09]
[.96, 2.61]	.46 (.26)	3.10	1.58	[.95, 2.63]	.46 (.26)	3.10	1.58	[.95, 2.63]
[.45, 1.23]	-.29 (.26)	1.19	.75	[.45, 1.26]	-.29 (.26)	1.19	.75	[.45, 1.26]
[1.50, 3.17]	.76 (.19)***	15.46	2.14	[1.46, 3.12]	.76 (.20)***	15.19	2.14	[1.46, 3.13]
[1.41, 12.96]	1.48 (.57)**	6.76	4.41	[1.44, 13.51]	1.49 (.57)**	6.74	4.42	[.95, 13.57]
[2.37, 7.53]	1.43 (.30)***	23.26	4.17	[2.33, 7.45]	1.43 (.30)***	23.00	4.16	[2.33, 7.46]
	-.34 (.13)**	6.92	.72	[.56, .92]	-.35 (.36)	.97	.71	[.35, 1.41]
	-.59 (.38)	2.46	.55		-.01 (.23)	.002	.99	[.63, 1.56]
	7.48 (1)**				-.60 (.23)	2.33	.55	
	87.62 (8)***				.002 (1)			
	.299				87.62 (9)***			
	384.29				.299			
					384.29			
[1.12, 1.83]	.36 (.13)**	8.00	1.43	[1.11, 1.84]	.37 (.13)**	8.29	1.45	[1.13, 1.86]
[0.91, 1.02]	-.03 (.03)	0.91	0.97	[0.91, 1.03]	-.03 (.03)	1.07	0.97	[0.91, 1.03]
[1.23, 3.99]	.77 (.30)*	6.43	2.15	[1.19, 3.88]	.76 (.30)*	6.31	2.14	[1.18, 3.88]
[0.42, 1.31]	-.30 (.29)	1.03	0.74	[0.42, 1.32]	-.32 (.30)	1.14	0.73	[0.41, 1.30]
[1.42, 3.52]	.78 (.23)**	11.04	2.17	[1.38, 3.44]	.81 (.24)**	11.46	2.25	[1.41, 3.60]
[2.36, 32.67]	2.17 (.67)**	10.38	8.77	[0.91, 32.86]	2.23 (.68)**	10.62	9.29	[2.43, 35.51]
[2.55, 10.29]	1.61 (.36)***	20.34	4.98	[2.48, 10.00]	1.57 (.36)***	19.21	4.79	[2.38, 9.66]
	-.18 (.14)	1.58	0.84	[0.64, 1.10]	-.49 (.47)	1.06	0.62	[0.24, 1.55]
					-.21 (.31)	0.47	0.81	[0.44, 1.48]
	-.51 (.43)	1.39	0.60		-.61 (.45)	1.85	0.54	
	1.61 (1)				.46(1)			
	70.97 (8)***				71.43 (9)***			
	.311				.313			
	298.99				298.53			

71.1% of the cases. Parents who participated in CPP more consistently than average were 4.22 times more likely to reunify with their children than parents who participated in CPP less consistently than the average (95% CI [2.37, 7.53]). However, when controlling for parents' average participation in CPP, parents who were not ordered to participate in CPP were 4.28 times more likely to reunify than parents who were ordered to participate in CPP (95% CI [1.41, 12.96]). Further, parents who participated more consistently on average in the non-CPP services they were ordered to complete were 2.18 times more likely to be reunified with their child (95% CI [1.50, 3.17]).

Case Severity: Parents' case severity index scores were added to the model, which resulted in a significant improvement in the model fit. The significant model accounted for 29.9% of the variance in reunification and correctly classified 70.9% of the cases. Parents' case severity index scores significantly decreased the likelihood of reunification. When controlling for their participation in non-CPP services and case severity, parents who participated in CPP more consistently than average were 4.17 times more likely to reunify with their children than parents who participated in CPP less consistently than average (95% CI [2.33, 7.45]). Parents who were not ordered to participate in CPP were 4.41 times more likely to reunify than parents who were ordered to participate in CPP (95% CI [1.44, 13.51]). Finally, for each one-point increase on the case severity index score present in the petition or case plan, parents were 28.5% less likely to be reunified with their children (95% CI [.56, .92]).

Interaction: Upon adding the interaction between CPP participation and parents' case severity index scores to the model, we found no significant improvements in the model fit. Therefore, the final step did not contribute additional information to our understanding of reunification.

Aim 2: Successful Case Closure

A hierarchical model using logistic regression was used to test the hypothesis that being ordered to participate in CPP by the court and participating in CPP increased the likelihood that a case closed with all parental rights intact (i.e., successfully) rather than with a termination of parental rights or relinquishment (i.e., unsuccessfully). Additionally, we examined whether the severity of the case facts decreased the likelihood of successful case closure or the efficacy of CPP participation on successful case closure. The outcome variable for the model was whether the parent's case was closed with all the parental rights intact or without the parental rights intact. At each step we controlled for the same variables as we did for reunification. See Table 2 for hierarchical regression analyses for successful case closure.

CPP Ordered: The CPP ordered model resulted in a significant model that accounted for 17.3% of the variance in successful case closure and correctly classified 64.4% of the cases. Unlike the reunification model, being ordered to participate in CPP did not uniquely predict successful case closure (95% CI [.37, 1.27]). But parents who participated more than average in the non-CPP court-ordered services were 2.39 times more likely to close their case successfully than those who participated less than average (95% CI [1.58, 3.63]).

CPP Participation: When we added the parents' mean centered CPP participation, we saw significant improvement in the model fit. The significant model accounted for 30.5% of the variance of successful case closure and correctly classified 71.5% of the cases. Parents who were not ordered to participate in CPP were 8.78 times more likely to have their case close successfully than parents who were ordered to participate in CPP (95% CI [2.36, 32.68]). Parents who participated in CPP more consistently than average were 5.12 times more likely to have their case close successfully than parents who participated in CPP less consistently (95% CI [2.55, 10.29]). When controlling for demographic characteristics, non-CPP service participation, and whether the court ordered parents to participate in CPP, parents who consistently participated in CPP were significantly more likely to have their case close successfully with their rights intact than unsuccessfully (i.e., following a termination of parental rights).

Case Severity: When we added the parents' case severity index scores to the model, we did not see a significant improvement in the model fit. The significant model accounted for 31.1% of the variance in successful case closure. Unlike for the reunification model, case severity did not explain more of the variance of or uniquely predict successful case closure (95% CI [.64, 1.10]).

Interaction: The same pattern was seen when the interaction between CPP participation and case severity index score was added to the model. The model fit did not significantly improve. The model continued to significantly account for 31.3% of the variance of successful case closure. Similarly to the model for reunification, the effect of CPP participation on successful case closure was not impacted by the severity of the case facts (95% CI [.44, 1.48]).

Aim 3: Time Between the Petition and Case Closure

A hierarchical ordinary least squares linear regression model was used to test the hypothesis that being ordered to participate in CPP by the court and participating in CPP would significantly decrease the time from petition to case closure and whether adding case severity index scores and the interaction of CPP participation and case severity index scores would increase the predictive utility of the model. The outcome variable for the model was the time to case closure (the number of days from petition to case closure). We controlled for the same variables as the previous two aims. See Table 3 for the hierarchical linear regression results for time to case closure.

CPP Ordered: The CPP ordered model was significant and accounted for 30.8% of the variance in time to case closure. When the children were reunified, there were 264.58 fewer days from petition to case closure than when the children were not reunified (95% CI [-332.08, -197.09], $p < .001$). When the parent was ordered to participate in CPP, the case was open for 78.17 more days than when the parent was not ordered to participate in CPP (95% CI [1.08, 155.26], $p = .047$).

CPP Participation: The predictive utility of the model did not significantly increase when mean CPP participation was added to the model. The model continued to be significant and accounted for 31.1% of the variance in time to case closure. Oldest child age, reunification status, and whether CPP was ordered significantly predicted time to

TABLE 3
Hierarchical Linear Regression for Petition to Case Closure

Variable	Step 1			Step 2	
	B (SE)	95% CI for B	β	B (SE)	95% CI for B
Constant	571.20 (51.35)	[469.81, 672.58]		528.15 (70.25)	[389.44, 666.85]
Number of children	22.09 (15.02)	[-7.56, 51.74]	.10	19.88 (15.23)	[-10.18, 49.95]
Child age	11.93 (3.75) **	[4.52, 19.34]	.23**	11.99 (3.76) **	[4.57, 19.40]
Reunification	-264.58 (34.19) ***	[-332.08, -197.09]	-.52***	-255.32 (35.73) ***	[-325.86, -184.79]
Child race	-31.80 (34.36)	[-99.63, 36.04]	-.06	-30.62 (34.40)	[-98.55, 37.31]
Role	-4.43 (38.61)	[-80.66, 71.80]	-.01	-3.17 (38.66)	[-79.50, 73.16]
Other participation	27.60 (18.51)	[-8.94, 64.13]	.10	31.13 (18.93)	[-6.24, 68.50]
CPP Ordered	78.17 (39.05) *	[1.08, 155.26]	.14*	117 (58.29) *	[1.96, 232.12]
CPP Participation				-26.20 (29.16)	[-83.77, 31.37]
Case Severity					
CPP Part. X Case Severity					
R^2	.308***			.311***	
ΔR^2				.003	
F	10.62			9.38	
(df)	(7, 167)			(8, 166)	
MSe	46334.33			46387.83	
$F\Delta$.81	
(df)				(1, 166)	

Note. Child race: white = 1, non-white = 0; role: mother = 1, other = 0; CPP ordered: ordered = 1, not ordered = 0. * $p < .05$. ** $p < .01$. *** $p < .001$.

β	<i>Step 3</i>		β	<i>Step 4</i>		
	B (SE)	95% CI for B		B (SE)	95% CI for B	β
	542.68 (68.88)	[406.69, 678.67]		535.33 (69.76)	[397.60, 673.07]	
.09	15.80 (14.95)	[-13.72, 45.33]	.07	15.37 (14.99)	[-14.22, 44.97]	.07
.23**	11.61 (3.67)**	[4.36, 18.86]	.22**	11.37 (3.70)**	[4.07, 18.66]	.22**
-.50***	-245.25 (35.10)***	[-314.56, -175.95]	-.48***	-244.30 (35.18)***	[-313.76, -174.83]	-.48***
-.06	-42.67 (33.89)	[-109.58, 24.25]	-.08	-41.49 (33.98)	[-108.59, 25.62]	-.08
-.01	.40 (37.82)	[-74.28, 75.07]	.00	-.08 (37.88)	[-74.88, 74.72]	.00
.11	31.09 (18.51)	[-5.46, 67.63]	.11	34.67 (19.21)	[-3.27, 72.61]	.13
.21*	126.68 (57.09)*	[13.95, 239.40]	.22*	125.27 (57.21)*	[12.31, 238.24]	.22*
-.10	-27.28 (28.51)	[-83.58, 29.02]	-.10	-32.89 (29.64)	[-91.41, 25.63]	-.12
	54.59 (18.60)**	[17.85, 91.32]	.19**	27.98 (41.93)	[-54.82, 110.77]	.10
				-19.44 (27.45)	[-73.64, 34.76]	-.10
	.346***			.348***		
	.034**			.002		
	9.68 (9, 165)			8.74 (10, 164)		
	44354.61			44488.97		
	8.61 (1, 165)			.50 (1, 164)		

case closure. However, mean CPP participation did not significantly predict time to case closure (95% CI [-83.77, 31.37], $p = .37$).

Case Severity: When we added the case severity index score to the model, we saw significant improvement in the model fit. The model was significant and accounted for 34.6% of the variance in time from petition to case closure. For each additional adverse experience in the petition and case plan, the parent's case was open for 54.59 more days (95% CI [17.85, 91.32], $p = .004$). Additionally, cases of parents who were ordered to participate in CPP were open 126.68 days longer than parents who were not ordered to participate in CPP (95% CI [13.95, 239.40], $p = .028$).

Interaction: When we added the interaction between CPP participation and case severity index score to the model, the model fit was not significantly improved. The significant model continued to account for 34.8% of the variance of time from petition to case closure. Oldest child age, reunification status, and whether CPP was ordered continued to significantly predict time from petition to case closure. However, neither CPP participation, case severity index, or the interaction between the two were significant predictors of time to case closure.

DISCUSSION

This study analyzed data from 446 child welfare-involved parents' official court administrative records to examine the impact of court orders for parents to participate in Child-Parent Psychotherapy (CPP) and their subsequent participation on parents' child abuse and neglect court case outcomes and case progression. Additionally, we examined how the severity of the case impacted CPP-related effects. Our findings indicated that parents who participated in CPP more consistently were significantly more likely to be physically reunified with their children and close their court case successfully. Further, this effect remained constant even when the allegations of abuse and neglect were more severe than average.

These findings have implications for legal actors who ask judges to order specific services for families. Legal decisions made by judges and other legal actors, including case workers and attorneys, have significant implications for families as compliance with court orders is a strong predictor of case outcomes (e.g., Ben David, 2016; Meyer et al., 2010). Some of the major barriers to family preservation in the child welfare system are associated with deficiencies in the parent-child bond, which can be best addressed by relationship-based services such as CPP. Our study is one of the first to examine how the judges' decision to order a parent-child relationship-based therapy such as CPP and parental compliance with that order uniquely impacts important case outcomes such as reunification, successful case closure, and the length of the case.

Aim 1: Physical Reunification

Child welfare professionals seeking to achieve the goals of the Adoption and Safe Family Act (1997) need a better understanding of how court professionals' decisions impact parents' chances of being reunified with their children. This study addressed part

of that gap by investigating how court ordering of and parents' subsequent participation (or lack thereof) in CPP impacted the likelihood that parents were physically reunified with their children. We found that (a) ordering parents to participate in CPP increased the likelihood that parents would reunify with their children, (b) parents who participated more consistently in CPP were more than four times as likely to reunify with their children compared to parents who participated less consistently, and (c) the number of adverse experiences presented by the case facts reduced the likelihood of being physically reunified, though it did not influence the relationship between CPP participation and physical reunification.

Our findings are consistent with existing literature that has demonstrated that compliance with court orders (e.g., participation in ordered services such as substance use treatment; Ben David, 2016) is an important predictor of case outcomes such as reunification. Further, the findings are consistent with evaluations that demonstrated that Safe Babies Court Teams that emphasize CPP result in a greater proportion of reunifications (McCombs-Thornton & Foster, 2012). Importantly, we found that participation in a service that is focused on the parent-child relationship (i.e., CPP) predicts whether children are reunified with their parents—*independent* from the effects of non-CPP service participation such as substance-use counseling and individual therapy. CPP provides these parents with intensive rehabilitation of their parent-child relationships by addressing major barriers to reunification, including intergenerational trauma, negative socioemotional and developmental outcomes due to abuse or neglect, and poor parent-child bonding (see, Cordero, 2004; Calhoun et al., 2015; Hagan et al., 2017). Interestingly and once we included CPP participation in the model, parents who were not ordered to participate in CPP were *more* likely to reunify with their children compared to those who were ordered to participate in CPP. However, this effect is likely due to parents who were ordered to but did not consistently participate in the dyadic psychotherapy service, leading to a negative association between the ordering of the service and the likelihood of physical reunification when participation was controlled for. Future research can conduct more highly controlled trials of court-ordered CPP to fully understand for whom this service is most useful vis-à-vis safely achieving physical reunification.

Aim 2: Successful Case Closure

To address our second aim, we examined whether CPP ordering and participation influenced the likelihood that cases would close with parental rights intact (i.e., “closed successfully”) versus the termination of parental rights (i.e., “closed unsuccessfully”). We found results similar to those in our previous aim regarding reunification—that is, parents were more likely to successfully close their case when they participated more consistently in court-ordered services. Specifically, parents who participated in CPP more consistently were almost five times more likely to have their case close with their parental rights intact compared to parents who participated in CPP less consistently. Families with greater case severity did not exhibit statistically significant differences in the relation between CPP participation and the likelihood of closing their case successfully compared to families with lower case severity.

Our findings regarding successful case closure are consistent with and expand the literature about what predicts case outcomes in child welfare cases. Parental compliance with court orders, as measured by rehabilitative service participation, is the primary predictor of how and when their cases close (Brank et al., 2001; Ben David, 2016). Based on this past research, our study investigated the unique impact of a parent-child relationship-based therapy. Our findings further confirmed previous findings, demonstrating that attention to the parent-child relationship improves the likelihood that parents will retain all of their rights (e.g., Casanueva et al., 2019). Our findings further suggest that a targeted treatment like CPP provides opportunities to address dysfunctions at the parent-, child-, and dyadic-level leads to not only reunification but also successful case closure.

Aim 3: Time to Case Closure

There has been an increased systematic focus among scholars and policy makers on the need to establish permanency faster given the link between children's time in out-of-home care and their increased likelihood of encountering developmental delays, behavioral problems, and continued involvement with justice systems (Shook et al., 2013; Kolivoski et al., 2014). In light of this emphasis, we examined how case timelines were impacted by courts ordering parents to participate in CPP and to what extent those parents participated in CPP. We found that being ordered to participate in CPP increased the time between petition and case closure, and parents' participation in CPP did not explain additional variance or uniquely predict time to case closure. Additionally, we found that physical reunification was the strongest predictor of how many days passed between the petition and when the court closed the case.

Our findings are somewhat consistent with other literature on time to case closure. Predominantly, our findings align with previous literature that has shown reunification to be a significant predictor of time to case closure (Beal et al., 2014). Parents who are physically reunified with their children have cases that close in significantly fewer days; thus, services that increase the likelihood of reunification are important factors in time to case closure. Contrary to previous literature that suggests service participation and treatment completion are associated with faster case closures (Casanueva et al., 2019; McCombs-Thornton & Foster, 2012; Meyer et al., 2010), we found that parent participation in CPP did not uniquely predict time to case closure and that ordering CPP was linked with *longer* case timelines. It is important to note that our study is distinguishable from the Safe Babies Court Teams evaluations because our data are not from one of these specialty courts and we examined the unique effects of ordering and participating in CPP. However, the length of CPP treatment and the other positive outcomes associated with participation (i.e., reunification and successful case closure) should be considered when evaluating the effect of this service. CPP is a lengthy service with a suggested treatment duration of 12 months and would likely add time onto any case compared to alternative shorter treatments. Finally, in the previous aims we found that participating in CPP increases likelihood of reunification and successful case closure. Reunification was the strongest predictor of time to case closure, suggesting that participation in CPP might indirectly reduce time to (successful) case closure by increasing the likelihood that

the family will be reunified and thereby accelerating the time to that reunification. Future researchers should examine the complex interrelations between ordering of and participation in treatments with time to case closure.

Implications for Clinical Practice

Our findings, that being ordered to and participating in CPP predicted child dependency court outcomes independently from other service participation, have three important implications for clinicians. First, clinicians' work to engage court-involved families is significant for both their therapeutic and legal outcomes. Through the course of treatment, parents learn ways to keep their child safe and provide nurturance in order to support the social and emotional development in addition to the physical and cognitive growth of the child (Lieberman et al., 2015). Not only will the parent-child dyad benefit from the therapeutic outcomes, such as reducing trauma symptoms (Hagan et al., 2017), but also reunification of the children with their parent or caregiver. Our findings that CPP predicted court outcomes for even the most severe cases of maltreatment suggest that clinical judgment about for which families CPP is most appropriate and rapport building are important. Skilled clinicians are able to support parents by helping them learn to contain their anxieties through empathic understanding and help them see their way to a more positive future for themselves and their children. Therefore, clinicians should use their training and skills to overcome the parent's initial resistance to treatment so they become more cooperative and active participants and collaborators in treatment.

Second, our findings can be included as possible benefits for parents and children during the informed consent process. Clinicians must provide informed consent to clients about the possible benefits and harms involved in a treatment process. We found that CPP can benefit families through an increased likelihood of reunification with consistent participation in CPP for those in the court system. Further, clinicians should mention that those benefits are associated with longer timelines. The implication for clinicians is that while the treatment process with CPP may be lengthy, there are great rewards when they attend to the healing of trauma within the relationship between the parent and child.

Third, our findings have implications for the system work done by clinicians when engaged in CPP. CPP clinicians can work with child welfare and court professionals in cases to ensure that court orders reflect the need for CPP. Further, our findings support the system work done in problem-solving courts and Safe Babies Court Teams that clinicians may be involved with or interested in pursuing with their local court system (Osofsky & Lieberman, 2011). Clinicians can use these findings to advocate for the best care for the most vulnerable families in their communities.

Implications for Legal Actors

Our findings have important implications for juvenile court professionals who make recommendations and orders about the rehabilitative services in abuse and neglect

cases. Primarily, legal actors, including attorneys and case workers, might consider asking a judge to order psychotherapy modalities that directly target the parent-child relationship (when appropriate) as these therapies appear to have positive impacts on case-related outcomes. Further, given the role case workers and attorneys play in engaging parents in court-ordered services, our findings suggest that prioritizing their clients' participation in relationship-based therapies can support their goals of protecting parents' rights and ensuring child safety. In our study, parental participation in a dyadic, relationship-focused service (i.e., CPP) was directly linked with increased likelihood of the physical reunification of the parent and child as well as the successful retention of parental rights. This is not surprising as dysfunction in the parent-child relationship has been identified as a barrier to reunification (Cordero, 2004), CPP directly addresses the parent-child bond, and similar findings have emerged for specialty courts focused on infants (Casanueva et al., 2019; Guild et al., 2017; Lieberman et al., 2006). It is further possible that directly addressing and correcting relationship-based issues may result in a cascade effect whereby other issues with the parent (e.g., non-compliance with case plan, positive parenting skills) and child (e.g., developmental delay, behavioral problems) are resolved after the parent-child relationship issue is directly addressed.

Integrating a focus on the mental health of abused and neglected young children into existing systems of care is foundational to addressing the consequences of abuse and neglect that occur with young children (Osofsky & Lieberman, 2011). Through close collaboration between courts and community stakeholders, child-parent psychotherapies such as CPP can become a core part of a community's approach to maintaining the mental health of vulnerable young children and their caregivers (Casanueva et al., 2019; Kliebert et al., 2006). However, these findings are not a suggestion to order all child welfare-involved parents of young children to CPP—additional orders do make it more difficult for parents to succeed in court because they increase the number of activities in which parents must participate. Further, contra-indicators to treatment should be considered before CPP is ordered as not all treatments are appropriate for all families (Newman & Stevenson, 2008). Court actors should consider close collaboration with mental health professionals who are proficient in parent-child modalities when making recommendations for court-ordered services.

Future Directions for Research

One main future direction of research is to examine what mechanisms are responsible for the link we found between participating in CPP and improved court outcomes. CPP addresses many needs commonly targeted in other parenting interventions and particularly targets the parent-child attachment. Parents who receive more CPP sessions might have had more opportunities for the therapist to provide developmental guidance that could help the parent notice, understand, and respond in a developmentally appropriate way to the needs of their child as well as understand how their behaviors impact their child. This appropriate parental attention, response, and stimulation to the child can foster more normal development. The second potential mechanism is that CPP may simply increase parental compliance with court orders. The theoretical foundations and

the case management component of CPP explicitly encourage parents to cooperate with court orders and other services while also providing parents with the positive reinforcement of repairing relationships with their child. When considered with the literature that cooperation with court orders is the key to successful child welfare cases, our findings provide evidence that participation in CPP specifically improves the probability of successful case closure and may even predict participation in other court-ordered services. Therapeutically reuniting the parent and child in a controlled, safe environment may be the motivational stimulus that parents need to comply with other orders.

Limitations

Although there are several strengths to this study, there are some limitations. First, this study is a correlational design; we did not randomize assignment to or participation in CPP. The findings cannot be causally interpreted. Second, although we controlled for many of the antecedents of family preservation and time to case closure, we were unable to include some potentially important variables (e.g., the child's placement, ongoing mental/physical health concerns, quality of case work provided by the DHHS). However, our models explained approximately 30% of the variance of each dependent variable. Finally, the measurement of parent participation as captured by court files tends to be global and subjective, lacking any information on actual attendance or attitudes (Littell et al., 2001). We relied on case worker reports of service participation to the court in their case plans and court reports, and we recommend that future research should find objective measures of service participation.

CONCLUSION

Legal actors working with child welfare-involved families, including judges, attorneys, and case workers, can play a critical role in case outcomes by ordering families to engage in various rehabilitative services such as therapeutic treatments that target the parent-child relationship. The current study is one of few to document how targeted clinical services—in this study, Child-Parent Psychotherapy, a dyadic relationship-based modality—affect case outcomes and progression. Specifically, our study documented strong links between parental participation in CPP and positive case outcomes (i.e., physical reunification, successful case closure), though CPP participation was unrelated to case progression. These findings have direct implications for legal actors making decisions about child welfare-involved families' rehabilitation plans.

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