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“Predictors of Reunification for Children and Their Parents in Cases Involving Parental Substance Use in Louisiana”

Background: Substance abuse significantly inhibits a parent’s ability to care for their children, with an estimated 50-80% of children in foster care having a minimum of one parent with a history of substance abuse [2]. These children spend more time in foster care, have lower reunification rates, and have greater rates of parental rights being terminated [5]. Research has found that a parent’s completion of substance use treatment is a positive predictor for family reunification [3,4] and that two-parent households reunify more quickly [1]. Poverty in the family, along with the age and race of the children, have all been found to predict parental outcomes [1]. However, there is a scarcity of research regarding the demographics of parents with substance use disorders (SUDs) who reunified with their children.

Methods: Using data from the LSUHSC Infant Team, a Chi-Square test was used to test the hypothesis that a parent’s SUD would be negatively associated with the rate of reunification, and a Binary Logistic Regression test was used to test whether White parents, older aged parents, employed parents, and partnered parents would have higher odds of reunification.

Results: Of the total of 178 fathers, 125 fathers had SUDs, and of these fathers, only 16 reunified with their children (13%). There was a statistically significant association between fathers’ substance abuse problems and reunification. Further analysis found that there was not a significant association between the demographic variables and reunification for fathers with SUDs, but father’s employment was approaching significance.

Of the total of 387 mothers, 247 had SUDs, and of these, 28 (11%) reunified with their children while 219 (89%) did not reunify, which was found to be statistically significant. Further analysis found higher rates of reunification for employed and older mothers with SUDs. Race and relationship status were not found to be significant predictors for reunification in this subsample.

Discussion: Substance use disorders are negatively associated with reunification for parents with children in foster care. When observing the commonalities in mothers who reunified, older (30+ years) and employed mothers had 3 times and 12 odds higher of reunification than younger or unemployed mothers, respectively. Accurate generalizations about fathers with SUDs cannot be made due to the small subsample size. Racial identity and relationship status were not found to be significant predictors of reunification for mothers with SUDs, but this may be due to the data’s limited racial diversity (73% African American) and the limited number of mothers who were married or partnered (n=3).

Implications: Identifying commonalities between sub-groups of parents with SUDs who reunified provides important implications for clinical practice. A larger sample size may be helpful in better understanding the demographic factors that increase reunification for parents with SUDs. Targeted support for parents can then aid in increasing the likelihood of reunification, especially those that target educational and employment opportunities. The hope is that by paying closer attention to these demographics and providing extra assistance where needed, we can increase the likelihood of reunification for cases involving parental SUDs.

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