

*The Center for Applied Local Research*

5200 Huntington Avenue Suite 200 Richmond, California 94804

Telephone: (510) 558-7930 FAX: (510) 558-7940

Email: [admin@cal-research.org](mailto:admin@cal-research.org) Web: [www.cal-research.org](http://www.cal-research.org)

*Family Treatment Drug Court  
Head Start Program*

Annual Report

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Alicia Jrapko, M.N.A.  
DeSondra Ward  
Tracy Hazelton, M.P.H.  
Thomas L. Foster, M.S.

## Family Treatment Drug Court Head Start Program

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### *Introduction*

The Santa Clara County Family Treatment Drug Court (FTDC) Head Start Program is providing services for court mandated parents and their children, working toward reunification. These services include parent training and modeling in a child-centered supervised visitation program with extensive medical screening and assessments for themselves and their children. It is the intention that this program will help parents improve their parenting capabilities.

The FTDC has a special calendar within the juvenile dependency court, which focuses upon serious substance abusing parents who are willing to comply with the strict treatment plans established by the court. The mission of the FTDC is to utilize the process of immediate assessment and to provide immediate access to treatment, supportive services and frequent reviews to help parents recover from substance abuse and reunify with their children.

This program will serve as a model to help families in other court systems obtain appropriate medical evaluations for themselves and their children, and to receive parent education training.

The FTDC works with service providers, other courts, and the community to ensure that adequate resources and domestic violence referral services are immediately available for substance abusing parents and their children during the process of recovery, as well as when they are able and ready to live in the community again.

The FTDC has contracted with the Center for Applied Local Research (C.A.L. Research) to conduct an evaluation of the program. C.A.L. Research is responsible for collecting baseline and follow-up interviews for participants of the program and evaluating the Family Night program.

This report includes data collected during this reporting period and also data analysis from Family Night Parents and their children. During this reporting period, there were two courses where a total of 36 parents and 22 children participated.

### *GPRA Data Collection*

Since January 1, 2002 to September 30, 2003, C.A.L. Research has completed 41 baseline, 27 six-month follow-ups and 16 twelve-month follow-up interviews. Three participants were male and 38 were female.

## *Intake*

From the intake information of 41 clients, six clients reported using alcohol and seven clients reported using drugs 30 days prior to their admission to the program. None of these clients injected drugs. Two clients were living in a shelter, one was homeless and one was in an institution, the other 37 were living in houses. Four clients were working full-time and five were working part-time. Sixteen clients were unemployed. Fourteen clients were actively seeking employment.

One client reported to have spent the last 30 days in jail. In the status of their health, 44% of participants rated their health as good, while 29% rated it as very good.

## *Six-month follow-ups*

Out of 27 six-month follow-ups, one client reported to use alcohol and drugs 30 days prior to the follow-up interview. None of them injected drugs. One participant was living in an institution and the rest were living in houses. Three clients were working full time, two part-time and eight were unemployed, but looking for work. On the other hand, twelve participants were unemployed and not looking for work. Two clients reported to spending time in jail or prison 30 days prior to the interview. Almost half of the participants reported to be in good health and 18% reported their health as excellent.

## *Twelve-month follow-ups*

C.A.L. Research conducted 16 follow-ups and we are glad to report that none of the clients reported using drugs or alcohol 30 days prior to the interviews. Also, all the clients were living in houses. With respect to their employment situation, one was working full-time and two were working part-time. Seven clients were unemployed but looking for work, while six clients were unemployed and not looking.

We are also delighted to report that none of these clients reported spending any time in jail or prison. Half of the clients rated their health as good and the other half excellent and very good.

## *Summary*

This is not a comparison between the same clients at intake and follow-ups but rather an overall comparison of clients for whom we completed baseline, and follow-up interviews during this reporting period. Due to the length of this reporting period, for some of the participants we had baseline and six month follow-up data and a small amount of twelve-month follow up data.

We are glad to report that at the time of their twelve month follow-up point, overall:

- The health conditions of all clients had improved,
- All clients were living in houses,
- None of the clients were using drugs or alcohol; and
- A higher percentage (44%) of clients was actively looking for a job in contrast with 34% and 33% at intake and six-month follow-up points.

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## **Adult-Adolescent Parenting Inventory (AAPI)**

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### *Pre and Post the Adult Adolescent Parenting Inventory Test*

In order to assess changes in parenting beliefs and practices, the evaluation includes pre- and post-participation administrations of the Adult-Adolescent Parenting Inventory (AAPI). The AAPI provides a snapshot of how each participant would parent under various conditions.

The AAPI includes five constructs:

- A: Inappropriate expectations of children;
- B: Inability to be empathically aware of children's need;
- C: Belief in the value of corporal punishment;
- D: Parent-child role reversal; and
- E: Oppressing children's power and independence.

Scores range from 1 to 10, with:

- High scores (i.e., from 7 to 10) representing low risk and characterized as "parenting reflects nurturing, non-abusive philosophy";
- Medium scores (i.e., from 4 to 7) representing moderate risk and characterized as "parenting attitudes of general population"; and
- Low scores (i.e., from 1 to 4) representing high risk and characterized as "practicing abusive parenting skills."

We have collected AAPI pre-test data from both the first and second courses. A post-test administration was included at the end of the second course.

Table 1 and Figure 1 summarize the mean pre-test data from both courses. The two groups appear to be substantially different. Participants in the first course achieved generally high scores (low risk) on the first AAPI construct, but generally low scores (high risk) on the remaining four constructs. In contrast, those in the second course had more moderate scores on all five constructs.

Construct	Group		
	One (Pre) n = 14	Two (Pre) n = 15	Two (Post) n = 15
<b>A</b>	7.42	4.46	5.80
<b>B</b>	2.00	6.00	5.80
<b>C</b>	3.21	6.53	6.40
<b>D</b>	3.92	5.93	6.00
<b>E</b>	1.00	5.60	5.26

\*Post-test data for Group One was not available.

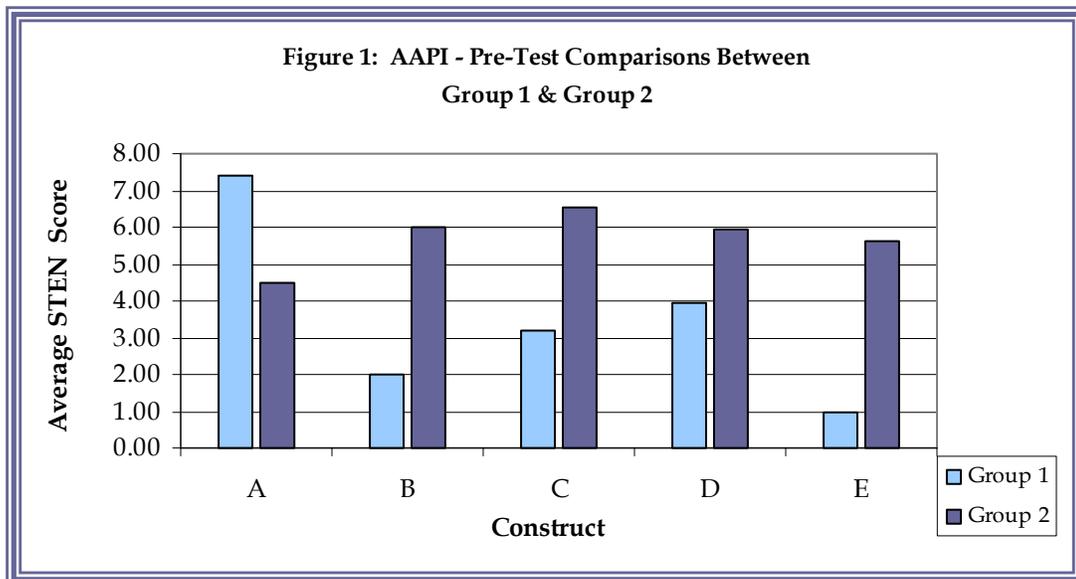
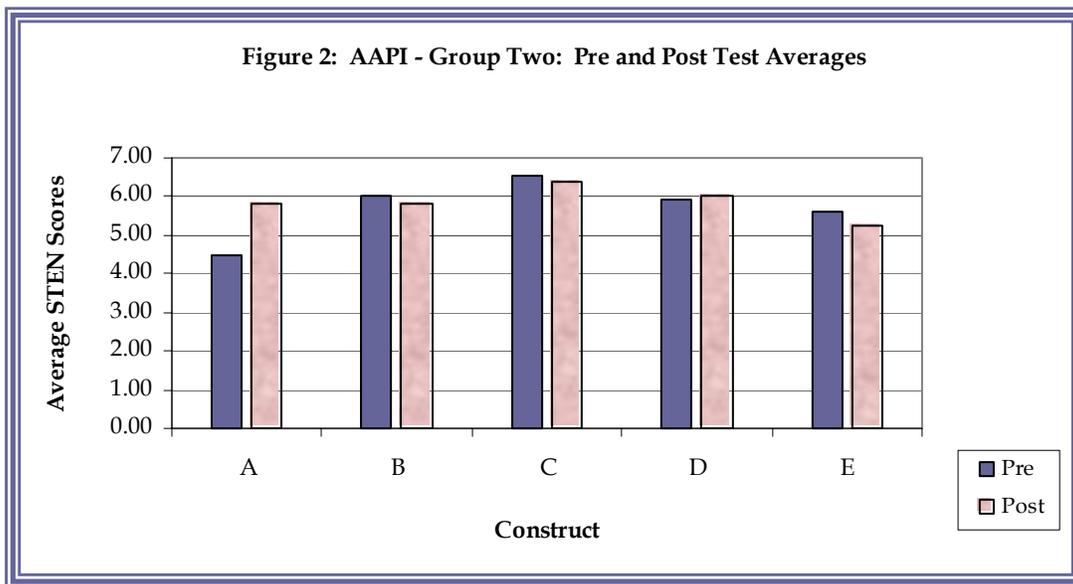


Table 1 and Figure 2 show the mean pre- and post-participation test scores for the second group. These data show that this group of 15 parents did not really change very much. The only construct for which there appears to be much change is A, where they seem to move towards more appropriate expectations of their children.

In order to determine if the positive change that was found in Construct A is statistically significant, we used the *Wilcoxon signed ranks test*. We concluded that the chances of getting an improvement this large and in the desired direction are only about 1%. This finding suggests that it is very unlikely that the observed change happened simply by chance.



## Family Night Assessment for Child-Adolescent Group

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Starting in February 2003, Santa Clara Drug Court’s clients participated in a set of educational classes. To date, there have been two courses completed, and a new course has just begun. Children, 5 to 12 years of age, also participated in these classes with Group Leaders actively working with, observing, and assessing these children. At the end of each course, Group Leaders completed an assessment that included one question about participation pre and post course, along with 24 additional questions that were answered using a scale from one to five with 1= Better, 2= A little better, 3= Same, 4: Worse and 5= Unknown.

### Course One Family Night Assessment

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#### *Age Group: Children 5 and 6 years old*

Overall these classes were designed to help young children improve their attitude as well as their knowledge about social skills and substance abuse. Six children participated in this first course. According to the Group Leader, when the course was completed, these children participated more actively in the classes.

Group Leaders reported that the children’s greatest improvements were in the areas of:

- Knowledge of the impact of alcohol and illegal drugs on children;
- Knowledge and use of coping skills to deal with stressful situations; and
- Knowledge and resources they can turn to for help

There were also improvements in their ability to connect with a safe person, healthy friends and with others, and their ability to communicate and to learn new things. There was less improvement in their ability to stay out of trouble and to work with others as well as in their ability to make decisions and solve problems, and to resolve conflict without fighting.

According to the Group Leaders, the living conditions of these children deteriorated by the end of the course. Also, by the end of the course, these children did worse in school.

### *Age Group: Children 7 through 10*

Four children between the ages of 7 and 10 also participated in this course. It appeared that for this group, their level of participation did not change much from the beginning to the end of the lessons.

Children in this group made the biggest improvements in:

- Their ability to control their anger;
- In their attitudes toward their community; and
- In their ability to connect with a safe person.

Group Leaders also saw some improvement in the children's ability to learn new things, and to connect with healthy friends. They also improved their knowledge of the impact of alcohol and illegal drugs on children.

Things were "a little better" or remained the same in the areas of understanding of their interests and talents, their ability to communicate, to work with others, and to stay out of trouble.

On the other hand, the places where these children lived worsened as well as:

- The relationship with their family; and
- Their academic work;

Group Leaders identified that the most problematic area for this age group was their ability to make decisions and solve problems.

### *Age Group: Children 11 and over*

Two students age 11 and older participated in this course. According to the Group Leaders, from the beginning to the end of the class, these two youth highly improved their level of participation.

Although only two students 11 years of age or older participated in this course, the Group Leaders were very satisfied with their development. For instance, they made great progress in:

- Understanding of their interests and talents;
- Ability to communicate, to learn new things, and to connect with others; and
- Ability to stay out of trouble.

According to the Group Leaders, slight changes were observed in their ability to make decisions and solve problems, to resolve problems without fighting, to control their under, to appropriately express their feelings and also in learning about the impact of alcohol and illegal drugs on children.

The only aspect that had gotten worse with this age group was their attitude toward their communities.

Fourteen parents whose children participated in the program also completed a form to assess their children's' progress. Listed below are examples of this progress.

- More than half of the parents "strongly agreed" that their children's' ability to connect with safe friends and adults has improved.
- Almost 70% of parents reported that their children now know how to get help or seek information. The same percentage agreed that their children's' ability to identify and appropriately express their feelings has improved and that they have learned how to use coping skills in stressful situations.

## **Course Two Family Night Assessment**

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### ***Age Group: Children 5 and 6 years old***

Only one child from this age group participated in this second course. This child did better in almost every single aspect. For instance her participation greatly improved, and she did better in school and in her relationship with her family. During the class she improved her communication with others, and improved her knowledge about substance abuse and its effects.

### ***Age Group: Children 7 through 10 years old***

Five children between 7 to 10 years of age participated in the second course. Group Leaders observed great improvements in the following areas:

- Ability to connect with healthy friends and with others;
- Knowledge of the impact of alcohol and illegal drugs on children and knowledge and use of coping skills to deal with stressful situations;
- Understanding of their interests and talents.

Less improvement was observed in the areas of their ability to communicate and to learn new things, and in their ability to work with others.

By the end of the course, children's living situations also appeared to deteriorate, as well as the community where they belong to.

The Group Leaders observed additional steep declines in:

- School work; and
- Attitude toward their communities.

### *Age Group: Children 11 years and over*

Four participants were 11 years old or older for this second group of classes. This group greatly improved in:

- Their understanding of their interest and talents;
- Their ability to communicate and to learn new things;
- Their ability to connect with others;
- Their attitude toward their community; and
- Their ability to control their anger.

Slightly less improvement was observed by the Group Leaders in the areas of their relations with family members, their ability to connect with a safe person and with healthy friends, their ability to work with others, and their ability to stay out of trouble. Furthermore, the children slightly declined in their ability to make decisions and solve problems, with their most significant decrease in the area of school work.

### *Summary*

- Overall, both courses helped each participating child to learn about communication, relationships with others, and issues related to substance abuse.
- The level of participation from the beginning to the end of the courses improved in almost all participant groups.
- With a few exceptions, children experienced deterioration in their academic performance as well as in their living situation.
- Most children improved their knowledge regarding the impact of alcohol and illegal drugs on children and in their ability to control their anger.
- Another area of improvement across all ages was on their ability to connect with others.

In the second group, four parents completed the assessment for their children. Taking in consideration that there were only four assessments completed, parents reported great improvement in their children. For example:

- Seventy five percent of parents agreed that their children's understanding of their interests and talents has improved as well as their ability to communicate.
- Half of the parents strongly agreed that their children can now work better with others. Their children have also improved in their ability to resolve conflicts without fighting or violence, and they have learned more about alcohol, tobacco and other drugs. Furthermore, parents reported that their children's ability to make decisions and solve problems has improved.

## Head Start Children

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A number of children whose parents are in the FTDC program are attending a Head Start Preschool. By court referral, all children participating in the FTDC Program will have the highest priority to enter a traditional Head Start Program immediately during the duration of the program or upon graduation from the FTDC program. Although children are different from one another, and they are at a different learning stage, we are including in this report some highlights of their progress.

- Most children have improved on their ability to complete puzzles in a timely manner; have learned the alphabet and can count fairly well from 1 to 20. Many Head Start age children continued to show an excellent ability in using their words during conflicts. Additionally, many show interest in reading and writing.
- Some children who had difficulties in communicating have made great efforts to verbalize their thoughts and feelings, they have also learned to ask questions. Most children have shown progress on counting, story comprehension, and social skills with peers and teachers.
- It appears that some children took a great deal of pride in everything they did. Many of them experienced improvement in their fine motor skills. Through out their participation in this program, some children are starting to take leadership roles amongst their peers.
- Some children show a great deal of sensibility and like to help their peers and many of them have grown to enjoy participating in songs, games and stories. Most children have improved their behavior and have continued to engage in conversations that develop thoughts or ideas.

## Course One Family Night Parents

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During this course, 18 parents graduated and 2 parents earned a certificate of attendance. All 10 children received a certificate of completion.

Twenty parents participated in the first cycle of Parenting Classes. Staff members conducted pre- and post-test surveys to compare how much parents learned during the 15 classes. The Parenting Class Group questionnaire includes 29 questions; respondents check if the answers are true or false. The results so far are encouraging. For instance, at the pre-test, only 6.3% of the respondents agreed that "It is good to have high tolerance," while at the post-test, more than half of the respondents (52.6%) said that that was true. To the claim that parents should have the same rules or limits for all their children, at the pre-test only 6.3% said it was true, while at the post-test, 42% said it was true.

The parent questionnaire was even more encouraging. In this questionnaire, participants had the choice to strongly agree, agree, disagree, or strongly disagree with a series of items about

how the program has helped them. After the classes, a great percentage of participants strongly agreed with several key issues. For instance, 74% of participants strongly agreed that their ability to connect with safe people has improved, 84% strongly agreed that they now feel more comfortable with people like themselves who are trying to parent in recovery, and 84% strongly agreed that their ability to communicate with their children has improved.

Parents with children from 5 to 18 years of age completed a section of the questionnaire about their children. The responses were very positive. For example, almost 70% of the parents said that their children know how to get help or seek information and 62% of the parents said that their children's ability to control their anger and to learn new things has improved. The same percentage said that their children have learned more about alcohol, tobacco, and other drugs, and that their children's ability to make decisions and solve problems has also improved. The group evaluation was also highly positive. For example, 94% of the participants said they would tell a friend to come to this group; and 83% said that the group leader and co-leaders' respectfulness was excellent. Also, 61% said that information in the exercises and discussions were good; and 56% of the participants said that the way material was presented was good.

### *Children at Family Night*

Children completed a test about how much they have learned about chemical dependency and other related issues at the end of the program. The results demonstrate that children were aware that chemical dependency hurts the whole family and that there are a lot of other children like themselves whose parents use drugs and alcohol. More importantly, out of a group of four children, all of them said that it was O.K. to feel good about themselves, and that they can make healthy choices for themselves.

Children from 4 to 9 years of age also completed an evaluation form. Seventy-one percent of these children said that they got what they wanted from the program, and the same percentage said their leaders were helpful. A higher percentage (86%) said that they thought that it would be goofy for other kids like themselves to attend groups like that; and the same percentage said that the program made them feel better about themselves and their families and that the program helped them to get along with adults. Overall, the children from this group learned how to avoid drugs, about chemical dependency, and about how to behave among other things.

## **Course One Focus Group**

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As part of the evaluation of the Santa Clara County Family Drug Court, on June 6<sup>th</sup> 2003, the Center for Applied Local Research (C.A.L. Research) conducted two focus groups for parents who completed "Family night." Family night is a three-hour psycho-educational workshop and support group that meets weekly for fifteen sessions from 5-8 pm. The course teaches life and parenting skills and provides emotional and social support to women and their children. As of the end of May 2003, eighteen people had completed the course.

Twelve graduates participated in the focus groups, nine in one and three in the other. Each group met for approximately 45 minutes at Rainbow Recovery Residential facilities (one on Culvert and the other on Meridian). The goal of the focus group was to gather information regarding the impact of the “family night” program on the lives of participants and their families. We combined the responses of the twelve participants for this report. We asked the participants six questions, (see attached questionnaire). Their responses are summarized below.

Clients were asked what have they learned from the class. Several clients agreed that communication has been one of the greatest improvements. One respondent said that she has learned to communicate better, both with her children and with other people as well. Another parent said that after the classes ended she was better able to talk to her daughter and the foster parent about things that had happened in the past “without being defensive” and really listening. Other clients said that the classes helped their children to communicate better. For example, one woman recounted how her son explained to an adult male in his life that he really didn’t need to hear stories that were negative about his mom because “it made him feel bad.”

Clients said that they have learned how to be more patient, or less defensive, or have learned better and different ways to approach different situations. According to one woman, they have also learned nutrition skills such as “what a balanced meal is using a cookbook, and healthier ways to prepare meals.” Another participant said that she learned more about male and female roles, roles of kids depending on their ages – and modes of communicating with kids at different stages of their development. Some clients agreed that the third and fourth classes were the most enjoyable, because in these classes there were role-plays and they were able to exercise how to express themselves in more socially acceptable ways. One client said that she has continued to enjoy singing the “body song” with her daughter, which addresses inappropriate touching.

Parents were asked if their lives changed as a result of their participation in Family Night. The answers were very encouraging. One participant said that she learned to accept responsibilities, and another said she learned how to be more open-minded. One woman said that the classes helped her to be able to express herself better. And finally, one client told us that her son communicates better with others since he attended the classes.

To the question how did relationships with their children changed because of their participation in Family Night, Responses to this question varied. Several of the participants agreed that they communicate better with their children because “we all learned some skills”. One woman said that she now is more prepared to seek out others to talk with. One client pointed out that children looked forward to coming to the classes and wanted to be part of what was happening.

Clients were asked what they like about the classes. One client said she liked the meditation. Another woman said she liked the role-playing although she would have liked the kids to play a more active role in those classes. The women all agreed that the food was good, and that they liked the information presented to them about nutrition. One woman commented that one of the instructors “gave 200% of herself.” Another client liked the topics they discussed, and several others commented that ‘Outreach’ transportation was convenient and helpful. They said that it made it “very hard to

miss or be late for class when Outreach was always there waiting". There was also positive feedback about the domestic violence therapist.

Participants were also asked about things they dislike about Family Night. Participants voiced few complaints. One client said that the rules set down are not always enforced and another woman said that, people in the class on cell-phones bothered her, as well as others who were always cross-talking.

Lastly, participants were asked if they would change anything about Family Night. One client would like to spend more time with her kids in the group setting and doing activities, since it was called 'Family night". Another woman told us that she would like to see smaller groups, for example groups of 12 to 15 participants. Although most clients thought the duration of the classes was appropriate, several women said that they were too long and lasted too late into the evening. One client expressed her concern about the drug testing, saying that, "sometimes doing it at the center was difficult and took away from the classes".

Overall, the responses were very positive. Clients seemed to be very enthusiastic about what they had learned and thought the skills they gained were very helpful. It seems that most clients were very satisfied with the class instructor.

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## Course Two Family Night Parents

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During this course 14 parents graduated and 2 parents earned a certificate of attendance. All 12 children received a certificate of completion.

Fifteen parents participated in the second cycle of Parenting Classes. When parents start the classes, they have to complete a questionnaire (pre-test) about substance abuse, family relations, and other related issues that will be cover by the classes. At the end of the 15 weeks the participants have to complete a post-test questionnaire. The answers are either true or false. The following examples give a clear indication that participants have benefited from attending the classes.

- At the beginning of the classes 80% of respondents agreed that "*Chemical Dependency is a disease*", but at the end 93% agreed with that statement.
- To the statement "*It is not important to recognize how we are feeling*" which requires a false answer, 60% of participants said it was false at the pre-test while 100% said it was false at the post-test.
- To the statement "*If someone does not start using alcohol until they are 18, they are less likely to become addicted,*" (a true statement) 26% said it was true at the pre-test while 57% said it was true during the post-test.
- To the statement "*Men's and women's bodies react the same to alcohol,* (a false statement), 60% said it was false at pre-test, while almost 80% said it was false at pos-test.

- Finally, to the statement “*It’s not important to tell your children that you love them,*” (a false statement), 53% responded that it was a false statement at pre-test but 86% responded that it was a false statement at post-test.

At the end of the 15 classes, parents also complete a group evaluation form. According to the results of this form, participants were very satisfied with the classes. For example, when they were asked what “this group meant to me”, almost 70% said that it was “most valuable” to them. Also 80% of participants said that *the group leader’s and co-leaders effectiveness was excellent*, and 87% said that *the group leader’s and co-leaders respectfulness was excellent*.

Also in the last class of the second course, parents completed a questionnaire. A great percentage of parents (87%) strongly agreed that they understand how to set goals for themselves. Also eighty percent of them said that after the classes they understand more about how chemical dependency has affected their children. Almost all parents said that now they regularly attend an organize group, like a support group where they feel respected and accepted.

### *Adolescents*

Three adolescents in this second group of educational classes completed an “Adolescent questionnaire” at the end of the session related to what they have learned about chemical dependency. All of them strongly agreed that their parent’s alcoholism/addiction was not their fault. Also, they all strongly agreed that they were not alone, and that there were other kids like them living with alcoholic/addicted parents. The three adolescents also strongly agreed that they have an adult they can talk to, and that they have learned how to choose and keep safe friends. They all believe that using drugs or alcohol even once in a while is very harmful.

Some adolescent students missed some of the sessions. But, according to the group leaders, the participation level of youth improved greatly from the first class to the end of the 15 classes.

According to group leaders, the level of participation of children ages 8 to 11 years, also improved. Of the five participants in this category, most were successful in their ability to learn new things. Most children were able to connect with healthy friends.

Adolescents and pre-adolescents completed a group evaluation that showed high level of satisfaction with the classes. One said that the group was most valuable “because I had the chance to discuss what happened through out my life” Another participant said that the classes “meant a lot because I learned how to deal with my thoughts and feelings” Also another person said that it was most valuable “because I had a chance to express myself and learn about things I did not know.” They all like the information and the way the materials were presented and also concurred that the group leader and co-leaders were respectful and effective.

Five children age 4 to 10 completed a questionnaire addressing chemical dependency, feelings and healthy choices. They all agreed that chemical dependency is a disease. All by one agreed that when parents drink or use drugs, they hurt the kids and everybody in the family. They

concurred that it is OK to feel good about themselves. Most of these young children gave positive feedback about the program and felt that the program made them feel better about themselves and their families. They were asked to describe one thing they have learned from the program. Responses included:

- "Don't use drugs no more"
- "Chemical dependency is a disease"
- "I learned about drugs and that it is bad for you"
- "Kids can not smoke or use drugs, because it is bad"

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## Course Two Focus Group

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On September 20th 2003, C.A.L. Research staff members conducted two focus groups for participants of the Santa Clara County Drug Court Program. All attendees were participants of "Family Night"; a 15 week program that met every Tuesday evening from 5 to 7:30 pm. The classes were for adults and their children.

We met with 6 women at two separate Rainbow recovery homes to hear about their experiences in the program. We also spoke by telephone with three individuals who could not participate in person at the Rainbow sites. The following results include the responses of the nine clients who participated in person or over the telephone.

Some of the parents who were reunited with their children brought them to the classes. Parents and children met in separate rooms and covered the same material, but at an age-appropriate level. At one point each evening, the children were brought into the parents' classroom where they shared what they learned that evening with their parents.

When we asked clients what they had learned in the classes, they reported that they learned "insights" into how children are affected by drugs. Parents particularly liked role-playing because it helped them to see the children's points of view on drug issues. They also said that their children had learned to say "no" to drugs because they have a new understanding that giving into drugs will break families apart. Parents said that being with their children at the classes taught them how healthy family members should interact with each other. Some parents agreed that having dinner nightly with their children emphasized how important is to have a regular schedule. Being in touch with the daily lives of their children kept them in tune with how the children were doing each day. At the same time, all clients agreed that they and their children are eating better and healthier food.

Parents also said that the classes taught them how to discipline kids in ways that are age-appropriate, without yelling. They also said they learned how to be consistent and loving parent and how to communicate better with other people who are important in their lives.

Parents said they better understand how to motivate their kids and how to talk to them at their level. For one client it was particularly important to learn how to verbalize and express feelings of love to her children, and how to praise her child for her work and behavior. Another client said that she learned the importance of being consistent, that is giving the child a consistent schedule for meal times, games, and even play time. One client said that she learned empowered parenting skills and how to live normally with the disease of addiction.

When we asked parents if their lives have changed as a result of their participation in the classes, they all agreed that it did. Perhaps one of the greatest improvements was in their relationship with their children. For example, one client said that she is more patient in dealing with her children when they misbehave. Another client said that as a result of the classes, she knows how to give positive reinforcement to her kids and compliment them. Participants concurred that the classes provided them with tools to be "better moms". One person said that now she realizes that "I don't need drugs to help me get by now". Another commented: "I am able to make amends for things I have done wrong with my kids". Still another client said she learned "how to understand and be understanding about others issues and still *not get caught up in their stuff*".

Clients said that understanding their disease has helped them with their relationship with their children because children also understand that their parents have a disease. Many participants reported learning how to express their feelings better, especially anger, but without violence. Although many people told us about how their lives changed as a result of the classes, we also asked clients how their relationship with their children changed because of what they learned in the classes. Parents reported that the classes had helped them to communicate better and set boundaries with their children. As a result, they reported that their children feel less isolated and talk with them.

Parents gave us a wide range of positive responses such as "I am more mature" – "I learned that my kids are not my friends, they are my children". One client said "I am working on me, and my relationship with my kids. I do not really want or need to have a man in my life right now. I can do it alone". Participants agreed that staying busy was really important because it helped to keep away negative thoughts and depression.

One participant said that it was very important for children to have a schedule. Others responded learning what a safe home feels like. Another client added that "my child had separation anxiety every time I left her side - now she knows that when I leave her for play time, I am coming back - so she no longer has that anxiety".

Finally, we asked clients what they liked most about the classes. One reason was transportation to classes because it helped facilitate their participation just by being able to get to the class and to be on time. Many clients liked seeing how their kids behaved with other kids. Role-play exercises were very popular, helping parents learn how to treat each of their children uniquely. Overall, clients were very satisfied with the instructor and the staff members. Also, they liked the way the classes are organized and topical in nature. The classes also allowed some of the parents to spend time with children who were not "in the system". Clients also enjoyed the camaraderie of being with their peers. As one parent said: "we are all going through the same things".

There was very little negative feedback. One client said that she would like advanced notice of the judge and/or case manager coming to the class that night –“just so you don't panic when you see them”. Another client said that she would like testing to be on Thursday night - before class begins - “so you don't have to go to CAPS that day and be tested and then again that night”. Several parents expressed a desire to take the class again but this time with their children when they are reunited with them. One client said that she felt the child-care provider was not trained enough.

Lastly, we asked participants what changes should be made in the program. Some clients said that they would like to spend more time with their kids in the group setting and doing activities with them. One participant felt that the kids groups should not have been so strictly broken down by age. One client said that the program should improve transportation schedules, because the transportation sometimes came too early and at other times too late.

Overall, clients were very satisfied with the classes and they talked highly about the staff members. Because they enjoyed the classes so much, many of them would like to take the classes again. But more importantly, the classes have made a great difference in their relationship with their children. There was almost nothing that they would like to change. Most said, “I liked everything about the classes and would not want to change anything” .

## *Summary*

- Overall, this first year evaluation report shows a great deal of client progress in all areas. We have been able to fulfill the CSAT data collection requirements and we are glad to report that we have completed 90% of six- month follow-ups and 85% of twelve month follow-ups.
- Head Start teachers have given excellent reports about the progress of children enrolled in Preschool, at academic levels as well as positive changes in their social skills.
- Client focus groups results illustrate client’s satisfaction with their participation in Family Night classes. Many of them expressed their wishes of repeating the classes and showed a great deal of satisfaction with FTDC staff members.
- The results of parenting beliefs and practice assessments were very encouraging; by the end of the course participants showed a more positive attitude about their ability to take care of their children.
- Overall, children of all ages greatly benefited by learning about the impact of alcohol and illegal drugs on children and how to better connect with healthy friends and with others.
- Group Leaders reported areas of little or no progress in some of the assessments including the children’s living situation and their academic improvement.