

An Evaluation of the Impact of the *Celebrating Families* Program and
Family Drug Treatment Court (FTDC) on Parents receiving Family Reunification Services.

By

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Abstract

This study was a program evaluation, which examined the effectiveness of the Family Treatment Drug Court (FTDC) and *Celebrating Families!* Program (CFP) utilized quantitative and qualitative research methods. The quantitative component employed a survey using secondary data collection at the Department of Family and Children Services in Santa Clara County, California.

Celebrating Families! is a pilot project model initiated in Santa Clara County, Family Drug Treatment Court by Rosemary Tisch and Linda Sibley in January 2003. This educational support group for children of substance abuses (alcoholics/addicts) with their recovering parents was designed with the primary goal to break the cycle of addiction in the families. A purposive sample of 78 parents was extracted from the child welfare system (CWS) database of Santa Clara County Department of Social Services. Using a series of bivariate statistical analyses, results showed that Drug Court and *Celebrating Families!* had 72% to 73% reunification rates, where Traditional CWS Case Plan cases had 37% reunification rate. The difference with Drug Court and *Celebrating Families!* cases were significant. In addition, results showed a significant trend between program outcome and timeline. The mean comparison of length of time in the child welfare system showed that families who participated in CFP reunified with their children between 6 to 12 months, those in FTDC between 13 to 18 months, and families who participated in the Traditional Child Welfare Case Plans reunified in 19 to 14 months. A qualitative eight-question survey was administered to analyze strength and weaknesses of the *Celebrating Families!* program and to solicit suggestions for the program's future changes to five key informants from the Family Drug Treatment Team including drug court staff and counselors. The survey results showed that the CFP was effective in providing a positive impact in strengthening parent/child relationships, as well as raising parents' awareness of the effects of substance abuse.

Key words: Drug Court, *Celebrating Families!*, Child Welfare, Parenting Skills, Substance Abuse.

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Introduction

This researcher aims to contribute to the field of social work by facilitating the integration of substance abuse treatment and parenting skills in order to assist families who interface with the Child Welfare System. The results of this study may influence future funding and allocation of resources into programs that are effective in making a difference in supporting families and helping communities become addiction free.

The Santa Clara County Family Drug Treatment Court (FTDC) is a special program within the Juvenile Dependency court system. The goal of FTDC is to protect children, to preserve families and to provide permanent homes for children in a timely fashion by utilizing intensive treatment and services. (Santa Clara County Department of Family and Children Services, 2000).

The FTDC is a comprehensive treatment program for substance-abusing parents with dependent children involved in the child welfare system. This voluntary parental program assists individuals who are willing to comply with a strict treatment plan that includes regular court appearances before a Family Drug Treatment Court Judge. The purpose of the program is to provide the maximum amount of support and services to remove the substance abuse barriers for family reunification.

In January 2003, Rosemary Tisch founder of “Kids are Special” and Linda Sibley founder of “Confident Kids” (psycho-educational programs designed for children of alcoholics/addicts) developed *Celebrating Families!* Program (CFP) as a pilot project in Santa Clara County Family Drug Treatment Court. This educational support group model for children of substance abusers (alcoholics/addicts) and their recovering parents was designed with the primary goal to break the cycle of addiction in families. The goal of the curriculum is to foster the development of whole,

fulfilled, addiction-free individuals by increasing resiliency factors and decreasing risk factors in participant's lives. The objectives of the program are to (1) break the cycle of addiction in families; (2) provide a safe nurturing place for parents and children to talk and explore their feelings and choices; (3) encourage the participants to trust through the process of bonding with consistent role models; (4) assist in developing their self-awareness and self-worth; and (5) educate the family about chemical dependency as a disease and how it affects family members.

Cultivating "resiliency" is the focal point of the *Celebrating Families!* Program. As Warner and Smith (2001) identified common characteristics of children who survived difficult childhood, they reported that by developing a relationship with a mentor in whom children could confide, children gained self-confidence to endure difficulties and disappointments. This mentoring relationship made a positive impact in children's lives.

CFP is an educational support group that is highly interactive, developed specifically for children of substance abusers (alcoholics/addicts) and their recovering parents. The curriculum consists of fifteen, 90-minute sessions, followed by a brief structured family activity. The curriculum is presented as a closed group, meeting once a week at a community resource center. The group is composed of a facilitator, a co-facilitator, and approximately 20 to 25 women. These women and their children are placed under the jurisdiction of the Santa Clara County Juvenile Dependency Court due to the parent's chemical dependency. The participation in this group is a key requirement in their reunification plan, mandated by Family Drug Treatment Court. All participants are referred by their designated child welfare case social workers.

On the other hand, drug abuse has been identified as the primary cause of child abuse or neglect. According to the U.S Department of Health and Human Services (1999), substance abuse contributes to almost three fourths of incidents of child abuse and neglect of children in foster care.

The effects of childhood abuse and neglect (perpetrated by family members) and the intergenerational transmission of the cycle of substance abuse have severely complicated efforts of child welfare to protect children and rehabilitation of families (DHSS, 2000).

Increased urgency over this issue has resulted in the enactment of the Adoption and Safe Families Act (ASFA) of 1997, which requires child welfare systems to develop a “concurrent plan.” The concurrent plan is implemented for child permanent placement within 12 months of case inception, as an alternative to merely increasing the numbers of children who are being raised by relatives or in foster care. Some jurisdictions have taken a different approach, instead of working on the symptoms of the increase in drug-related offenses. The courts looked for some method of curing the underlying problem of drug crimes, drug use and addiction.

“Drug Treatment Courts function under the basic understanding that substance abuse is a chronic, progressive and relapsing disorder that can be successfully treated” (p. 11), according to Hora, Schma, and Rosenthal (1999). In addition, “cost avoidance” from the reduced recidivism of drug court participants and graduates has been shown across all sectors of the justice system. According to statistics published by the Office of Justice Program (1999), findings support a high retention rate between 65% and 85 % and a low recidivism rate between 2% and 20 %.

Research from Peters and Murrin (2000) conducted one study to examine outcomes for two treatment-based Drug Court programs during a 30-month follow-up period. Outcomes for graduates were contrasted with those of non-graduates and from comparison group of offenders who were placed on probation supervision and did not receive drug court services. Results showed that for both drug court groups, the rate of arrest during the 30-month period was 33% for Drug Court’s participants compared to 43.7% of the control group. Findings were similar in a Wilmington, Delaware study of a drug court where drug court participants and a comparison group were

followed for 12 months. One third (33.3%) of the drug court participants reoffended, compared to more than one-half (51.1%) of the control group (Belenko, 1998). Treatment intervention seems to be an important factor in lowering recidivism.

In 1999, the National Drug Court Institute established the Drug Court Research Advisory Committee to explore types of programs for substance-abuse parents. Treatment intervention and education on healthy coping skills enhances families' success of recovering and breaking the cycle of addiction.

This study evaluates the Family Treatment Drug Court and *Celebrating Families!* Program effects on the outcome of family reunification. During July 2000 to December 2000, Santa Clara County Family Drug Treatment Court and the Juvenile Dependency social workers provided services to 81 parents. Of the 81 parents, 17 graduated from drug court, 10 dropped out of the program, 2 refused to participate in the program and 52 continued to participate (2000, p. 4).

Literature Review

The ecological perspective of *Human Behavior in the Social Environment* illustrates how people and environment influence, shape, and sometimes change each other's (Germain and Bloom, 1999, p. 10). This study in group dynamics observed the systemic actions and interactions of the group on its members with each other. It found that small groups are effective in providing services to its members as they focus on the human growth and development. A support group for recovering parents of adult children of alcoholics/addicts is therefore one of the most appropriate modes of intervention for parents, who are able to provide support for each other as the group structure provides a stable pattern of interaction among members. However a group, with networks of several human relationships, is effective only if members are effective in cooperating with each other (Johnson and Johnson, 2003).

The ecological perspective shapes the application of systems theory to the person in the environment. System theory describes the interaction between drug court's participants and the juvenile dependency system. Further, it illustrates the treatment program and service modalities interfacing with the client and the continued input being provided by the courts. As Anderson and Carter (1999) explained, "in the rational systems perspective, the organization itself [is] the focal system; in the natural systems perspective, the components (members) [are] the focal systems(s), and in the open systems perspective, both of the other perspectives are taken, along with the organization's relationship with the environment: it is *holonistic*" (p. 103). The open systems perspective "treats the organization as open to both components and environment" (Anderson & Carter, 1999, p. 103). Furthermore, a drug court organization functions as "a system of interdependent activities" in that all activities reflect the organization's mission and goals, with different methods (counseling, self-help/support groups, parenting, vocational training, affordable housing) to carry out these goals (p. 113).

Studies have shown that there is a relationship between drug abuse and child maltreatment. According to the U.S. Department of Health and Human Services (1999), 11% of U.S. children live with a parent who abuse alcohol and who are in need of treatment for illicit drugs abuse. This statistic counts for 8.3 million U.S. children nationwide.

Many studies have documented the effects of being raised in a substance abuse environment with a variety of emotional and psychosocial characteristics. Two studies also restate the scarcity of treatment services for ethnic minorities and high-risk population: McGaha and Leoni (1995) conducted a study investigating the difference between incarcerated juveniles from substance-abusing families and those from non-substance abusing families. The method used an available sample of 68 youth incarcerated at a state juvenile institution for delinquents in Southern

Missouri. The instrument used the Children of Alcoholic Screening Test (C.A.S.T.). According to the C.A.S.T. test's scores, for 40 of the 68 youth alcoholism or drug dependency was a serious problem in their homes. The variables were: level of family functioning, substance abuse of juveniles, violence, runaways, child abuse, and juvenile delinquency. The results showed that the identified population of juveniles from substance abusing parents scored on all variables at a significant higher level of family dysfunction than did offenders from non substance abusing parents. Neglect was the only variable with a similar test-score to those from non-substance abusing families.

The second study researched how drug exposed infants were processed through the Social Services and Juvenile Court in Los Angeles County. A total of 284 files were used to track the progress of these cases through their reviews and hearing over an 18-month period in one large county. The data showed an overrepresentation of African American and Hispanic cases compared to the relevant county population and an under representation of Caucasian and Asian cases. A petition was filed on almost half of the initial cases. Among the children who were made dependents of the court about 80% were removed from the parent and placed in reunification services. One third of these were later returned while the rest went to permanency placement outside the home (Segatun-Edwards, Saylor, and Shifflett, 1995). Both of these studies illustrate the intergenerational effects of substance abuse and how its causes have lasting devastating consequences on families and children, especially of ethnic minorities.

Drug court views drug offenders from a different perspective than the standard court system. As opposed to the traditional criminal justice paradigm, in which drug abuse is understood as a willful choice made by an offender capable of choosing between right and wrong, drug court shifts the paradigm in order to treat drug abuse as a "biopsychological disease" (Hora, Schma, Rosenthal,

1999, p.11). The term “biopsychological” is referred to the belief that biological, psychological, and social factors are deeply woven into the development of addiction (Wallace, 1996).

For instance, in a study of 60 women were randomly selected over a 20-month period whose infants had a positive drug immunoassay and whose maternal or neonatal behavior demonstrated drug exposure or withdrawal (Lewis, Leake, Giovannoni, Rogers and Monahan, 1995) and 236 women who were non-drug-users were also selected because their infants were removed from them by Juvenile Court before hospital discharge. The results of the study showed: that more than a third of all women were raised solely by their mother; that about a third of the drug-using women have been in jail at least once, compared with less than a tenth of the other women; drug using women also had a history of having multiple arrests and a fifth were arrested for prostitution, compared to only a few of the non-drug using women; and that two thirds of the drug-using women were never enrolled in a drug rehabilitation program, while nearly 5% had been enrolled but dropped out. (Data were collected about 1,391 women from whom samples were selected.)

In a third study, Field (1989) conducted research on the effects of intensive treatment on reducing the criminal recidivism of addicted offenders in the Corner Stone Program at the Oregon State Hospital. The results prove that addicted offenders who receive little or no treatment show an accelerating pattern of criminal activity. The author further indicates that time in treatment correlates positively with success, although many of the treated offenders continue to show some involvement with the criminal justice system after treatment. These studies illustrate the direct correlation between substance abuse and criminal behavior.

According to Nolan (2001), the Drug Court movement has implemented a therapeutic approach to the drug problem in American society. Through treatment, patients can learn to control their condition and live normal, productive lives. Although the ultimate goal for all substance abuse

treatments is to enable the patient to achieve lasting abstinence, the immediate goals are to enable the patient to reduce substance abuse, improve the patient's ability to function, and minimize the medical and social complications of abuse (NIDA, 2002). Through various forms of treatment, including individual and group counseling, Alcoholic/Narcotics Anonymous, periodic urinalysis testing and regular court appearances, Drug Court's participants are provided tools to recover. Treatment is comprised of four phases of approximately three months each. These phases are designed to mirror the stages of addiction (Hora, Schma, and Rosenthal, 1999). In Santa Clara County FTDC these phases are designed in concurrence with the Juvenile Dependency Court family reunification timelines: Phase One - Admission and Enrollment with the goal of completing the intake process. During this phase the client receives Public Health services and assessments for special needs due to substance abuse; is provided transitional housing in a Sober Living Environment; meets with a drug court social worker with weekly or bi-weekly progress reports presented to the court team depending on their progress; are expected to obtain a sponsor; and to practice parenting skills during supervised visits. They are mandated to participate in the treatment plan and to appear in drug court as ordered. Phase One involves the client's action in striving toward maintaining abstinence and working on a Case Plan. With the increased awareness of the effect of substance abuse on the family the client enters the preparation stage.

Phase Two entails continued compliance with drug court's Case Plan and striving toward abstinence. Phase Three corresponds with the juvenile dependency court six-month review. As the parent is able to maintain a new drug free lifestyle the goal becomes reunification with the child. Stage Four, entails aftercare, maintenance of sobriety, cooperation with professionals, completion of Case Plan goals and objectives, unsupervised visits with children, and graduation. For the client

to successfully complete all phases requires a full year commitment to intensive treatment (Santa Clara County Department of Social Services, 2000).

Methodology

This study was a program evaluation, which examined the effectiveness of the FTDC and CFP, utilizing quantitative and qualitative research methods. It was hypothesized that parents who received Family Treatment Drug Court (FTDC) and *Celebrating Families!* Program (CFP) services would have a higher success rate in reunifying with their children compared to families who only received the Traditional Child Welfare Case Plan. Furthermore, FTDC and CFP families would spend less time in the child welfare system compared to families who receive the Traditional Child Welfare Case Plan.

The quantitative component employed a survey using secondary data collection at the Department of Family and Children Services in Santa Clara County. The data collection tool is included (see Appendix A). To analyze this research the prospective study included an 18 to 24 month follow-up period using existing data sources for a treatment and comparison sample of cases from the juvenile dependency court system from 2001 to 2003. Data including parents' demographics, number of children in the CWS, type of abuse, removal date, reunification date, type of program and other contributing factor measures were obtained through CWS/CMS database abstraction: 1) Family Drug Treatment Court, 2) *Celebrating Families!* Program and 3) Traditional Child Welfare Case Plan.

A purposive sample of 78 subjects acquired from the CWS/CMS database of Santa Clara County Social Services Agency was utilized for this study. Santa Clara County Social Services Agency was selected as a site due to the following criteria: FTDC has been in operation for at least

three years, adequate comparison cases were identified, there were at least 50 FTDC intakes during the year 2000, and data was readily available for 30 graduates from CFP and CWS.

A total of 25 subjects were selected from FTDC, 26 subjects were selected from the *Celebrating Families!* Program, and 27 subjects were selected from the Traditional Child Welfare Case Plan. Subjects' comparison cases were selected on a one-to-one match on key variables using data collected from the county's data system. Client's demographics included: 1) gender, 2) age, and 3) ethnicity. Gender was categorized as male and female; age was measured by the number of years old; ethnicity was arranged in the following categories: White, Hispanic, African American, Asian/Pacific Islander, and Native American. Family characteristics were identified by 1) number of children, 2) type of abuse, and 3) family reunification timeline and type of program provided. Number of children was measured by the number of siblings who became dependents of the court.

Type of abuse was operationally defined by what the court sustained as the primary reason that the child became a dependent. These categories were organized according to the Welfare Institution Codes (W&I Codes): (a) Physical Abuse W&I Code, (b) Neglect which included General W&I Code, (c) Emotional Abuse W&I Code, (d) Sexual Abuse W&I Codes, (e) Severe Neglect W&I Code, (f) Parent's death of another child W&I Code, and (g) Caretaker Absence Incapacity W&I Code. Type of program was defined by the number of parents who participated in *Celebrating Families!*, the number of parents who participated in Family Drug Treatment Court and the number of parents who were assigned the Standard Child Welfare Case Plan. The variables outcome and timeline were operationally defined. Outcome was categorized by the parent success or failure to reunify with at least 50% of their children in CWS. Timelines were categorized according to the Adoption and Safe Families Act (ASFA) court mandated Juvenile Dependency six-month case review hearings.

The dependent variable in this study was outcome status. The independent variable was family demographics and the type of services families received. The families received: 1) FTDC, 2) *Celebrating Families!* and 3) Traditional Child Welfare Case Plan. Outcome was defined as the compliance rate of success at family reunification. Traditional Child Welfare Case Plan was defined as a family receiving Juvenile Dependency Court services. FTDC was defined as a family receiving in addition to the traditional Juvenile Dependency Court services, Family Treatment Drug Court services. CFP was defined as a family receiving Juvenile Dependency Court services, FTDC services and the *Celebrating Families!* Program. Both the length of time the case remained open and the child welfare outcome was extracted from child welfare system database CWS/CMS. The number of child welfare reports from the Child Abuse Index and from the system data base CWS provided: type of allegations, the existence of substance abuse allegations during the investigation, court mandated compliance rate of success and timeline of reunification.

This study began in January 2004 and was completed in May 2004. The collected data was entered and analyzed using SPSS. To demonstrate face validity, this researcher consulted with Senior CWS staff members who reviewed the data extraction form used to collect information. Feedback was provided to enhance reliability. Due to time restrictions the threats to external validity were the sample number and the limited number of variables, as well as that the study sample was not randomly selected and cannot be generalized to other populations.

The protection of human subjects was obtained through the approval by the College's Institutional Review Board. Data abstracted for this study was secondary in nature; no data was provided by contact with the clients. Because this was a secondary analysis study, the risk to subjects was minimal. However, confidentiality could have been potentially compromised. To maintain confidentiality of data the researcher implemented a coding number for each participant.

The researcher kept all hard copies of data abstracted in a locked desk, accessible only to the researcher.

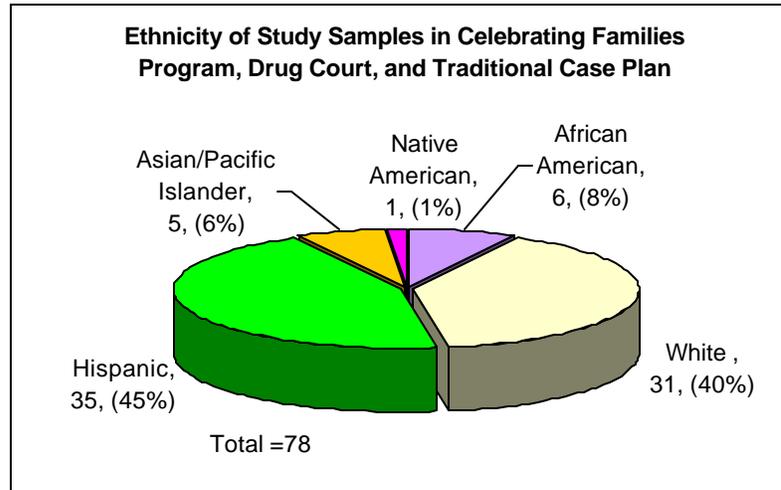
A qualitative survey of eight questions (see attached, Appendix B) was distributed to fifteen FTDC key informants (Judge Leonard Edwards' Santa Clara County, Family Treatment Drug Court). The Drug Treatment Court sample included Judge Len Edwards, social workers, public health nurses, attorneys, rehabilitation counselors, psychiatrists, parents' advocates, and domestic violence specialists. These service providers had contact with the clients during the time that the families were participating in both FTDC and *Celebrating Families!* programs. The intent of the study was to analyze program effectiveness, assess strength and weakness of the *Celebrating Families!* program and record suggestions for future program's changes. The researcher presented the nature of the study to the Drug Court team prior to distributing the survey. The survey consisted of seven open-ended questions and one final question asking respondents to score from 1-5 the overall effectiveness of the *Celebrating Families!!* Program. The operational measurement were 1= non-effective, 2 = somewhat effective, 3 = effective, 4 = more than effective, and 5 = very effective. The researcher provided a hard copy of the questionnaire, as well as an electronic version with instructions to either return it in the self-addressed stamped enveloped or via e-mail. As an incentive to return the completed survey, the researcher distributed a \$5.00 Starbucks gift certificate to each treatment team participant. The subjects were informed of the confidentiality regarding anonymity and voluntarily participated in this study. The Human Subject Committee approval is included (see attached, Appendix C)

Results

Of the 78 subjects, all are females between the ages of 22 to 44. As indicated in Figure 1 that follows, White and Hispanic made up of 85% of the total population: 39.7% White (n = 31);

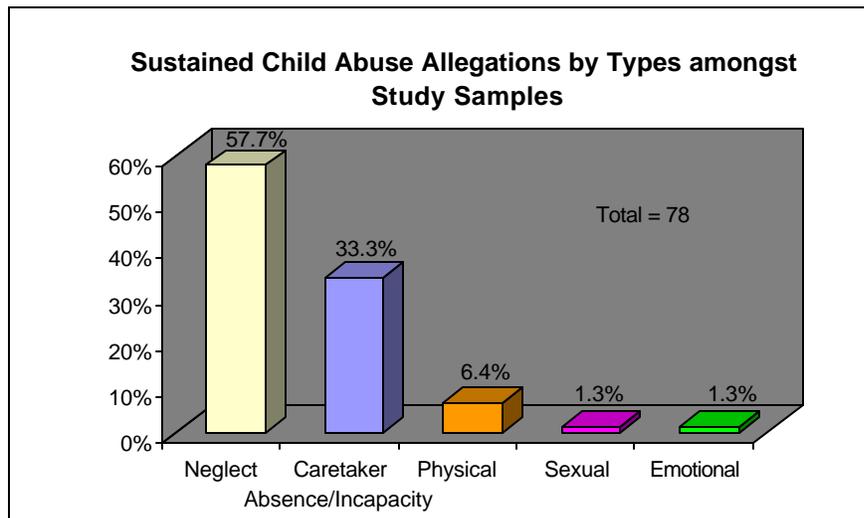
44.9% Hispanic (n = 35); 7.7% African American (n = 6); 6.4% Asian/Pacific Islander (n = 5); and 1.3% Native American (n = 1).

Figure 1



The family characteristics utilized were type of abuse, number of children, and relationship of rate and timeline of reunification to program utilized. As illustrated in Figure 2 sustained child abuse allegations for the 78 subjects were 57.7% Neglect (n= 45); 33.3% Caretaker Absence/Incapacity (n= 27); 6.4% Physical Abuse (n= 5); and 1.3% Emotional or Sexual Abuse (n= 1).

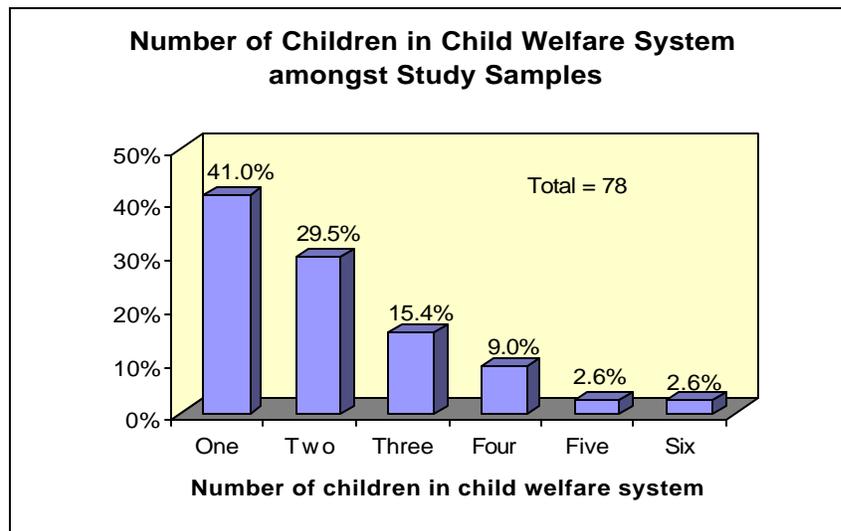
Figure 2



Most study samples had only one or two children in the child welfare system:

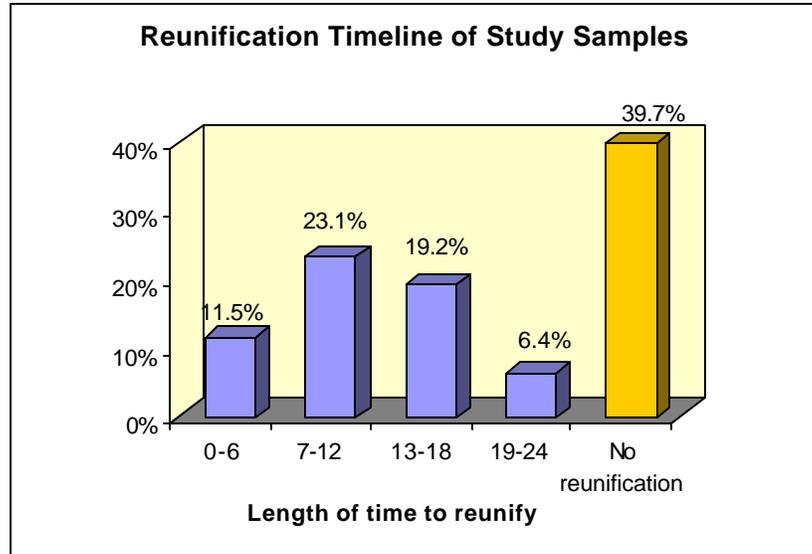
41% had one child; 29.5% two children; 15.4% three children; 9% four children; and 2.6% five or six children.

Figure 3



The most important question of this research was evaluation of the rate and length of time for family reunification. As depicted below in Figure 4, 11.5% of the parents had the children returned to their care between 0 to 6 months; 23.1% had children returned between 7 to 12 months; 19.2% had children returned between 13 to 18 months; 6.4% had children returned between 19 to 24 months; and 39.7% did not have children returned.

Figure 4



There was a significant trend between family reunification timeline and type of program provided. As indicated in Table 1:

- ?? In the first 6-month period: three parents in FTDC, two in CFP, and four in Traditional CWS reunified with their children.
- ?? Between 7 to 12 month period: four parents in FTDC, thirteen in CFP, and one in Traditional CWS reunified;
- ?? Between 13 to 18 month period: nine parents in FTDC, four in CFP, and two in Traditional CWS reunified.
- ?? Between 19 to 24 month period: one parent in FTDC, two in Traditional CWS parents reunified.
- ?? Eight parents in FTDC, seven in CFP, and eight in Traditional CWS did not reunify.

Results show a significant trend in the length of time to reunify with their children amongst the three programs. Figure 5 illustrates the mean comparison of timeline of reunification of the three programs:

?? Families who participated in FTDC had a mean of 3.28 (sd=1.4).

?? Families who participated in CFP had a mean of 2.88 (sd=1.39).

?? Families who participated in the Traditional Child Welfare Case Plan had a mean of 4.07 (sd=1.51).

Table 2 shows the breakdown of length of time in months of reunification in the Child Welfare System.

Table 1 program vs. timeline

		Drug Court	Celebrating Families	CWS Case Plan	
TIMELINE	0-6	3	2	4	9
	7-12	4	13	1	18
	13-18	9	4	2	15
	19-24	1		2	3
	Non-reunify	8	7	18	33
Total		25	26	27	78

Figure 5

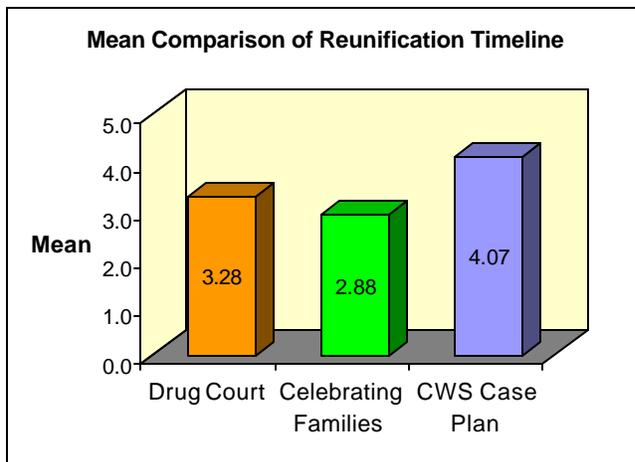


Table 2

Mean	Length of time to reunify
1	0-6 months
2	7-12 months
3	13-18 months
4	19-24 months
5	No reunification

The research hypothesis was that Family Drug Treatment Court and *Celebrating Families!* Program would have a positive impact on reunification. Of the data collected in SSPS, Table 3 shows the Chi-square test is ($X^2 = 9.303$) and the ($p\text{-value} = .01$).

Table 3 Chi-Square Tests

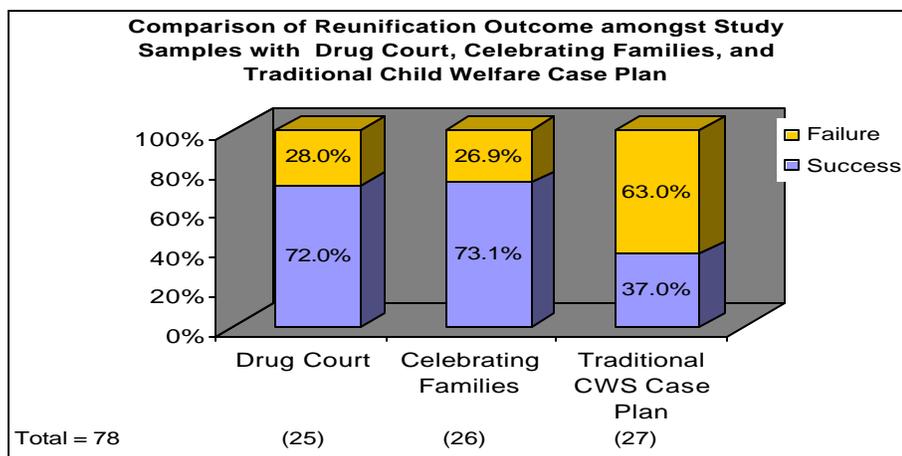
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.303	2	.010
Likelihood Ratio	9.294	2	.010

A 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.94.

The results between these two variables show significance between the programs and the outcome. The outcome results (Figure 4) illustrate that there were 60.3% who successfully reunified and 39.7% did not reunify (all three programs combined). A detail analysis of individual programs illustrated a significant trend in the reunification rate between Drug Court and *Celebrating Families!* cases and cases with Traditional Child Welfare Case Plan.

As indicated in Figure 6, both Drug Court and *Celebrating Families!* have 72% to 73% reunification rates, where traditional CWS Case Plan cases have only 37% reunification rate. The difference with Drug Court and *Celebrating Families!* cases are insignificant.

Figure 6



To supplement the secondary quantitative data analysis from reviewing child welfare case records of the participating samples, qualitative data was also collected from five Treatment Team key informants from Santa Clara County Judge Edwards' Family Drug Treatment Court through a written survey. The purpose of this survey was to determine if FTDC and CFP participants are receiving any specific benefits by completing the program. The intent of the study was to analyze program effectiveness, assess strength and weakness of the *Celebrating Families!* program and to record suggestions for future program changes. The result of this qualitative survey showed that all five participants gave positive feedback on the CFP. There are numerous benefits suggested by the key informants regarding the FTDC. They praised the multidisciplinary support team approach to problems, more services, more attention to progress or lack thereof, more positive feedback and encouragement, and overall more personal support for the parent. In addition, moral support, problem solving for faster delivery of services "cutting through the red tape," increased scrutiny, personal attention from Judge Len Edwards, access to food and housing for one year were mentioned as the strengths of the program, as well as, intensive monitoring and support from the FTDC team, including the judge, and immediate response from the team to problem solve issues, such as drug treatment, housing, domestic violence.

Benefits were equally mentioned regarding the CFP. Key informants stressed the positive reinforcement of parenting skills and socialization for family including provision of more contact with family and children. Specifically, hands-on parenting skills were considered very helpful. Parents are taught substance abuse prevention and the effects on the child. Immediate feedback is provided on parent interaction with the child. Parents are encouraged to open up and discuss parenting styles within the context of substance abuse. Very often, they find common issues and build rapport. By interacting with their children through activities and role-play, parents apply the

concepts they learn in group discussion. Parents also benefit from increased quality time with their children.

Discussion

The purpose of this research was to ask three main questions: 1) to measure outcome of family reunification; 2) to evaluate the impact of FTDC, CFP and Traditional Child Welfare Case Plan programs on timeline and rate of reunification; and 3) to explore the effectiveness of FTDC and CFP treatment intervention.

In answering the first question in measuring outcome of family reunification, research results showed significance between the type of program and the reunification outcome. FTDC and CFP's participants' outcome showed a 72% success rate compared to 37% of the Traditional Child Welfare's Case Plan participants. The sample was purposely selected from 25 parents who graduated from FTDC and 26 parents who graduated from FTDC and CFP. The Traditional Child Welfare Plan sample was selected primarily on the basis of matching the population demographics and substance abuse, as the primary reason for CWS court intervention. One of the reasons supporting this finding could be that parents who are admitted to FTDC and CFP are purposely selected and, therefore, referred to receive intensive treatment intervention consisting of a thorough assessment and evaluation, conducted by the FTDC treatment team. The primary goal of the selection criteria is assessing the level of client's potential for success. Parents who are referred to FTDC and CFP must sign, in addition, a special contract agreeing to comply with FTDC regulations and are aware of being subject to termination if found non compliant to the program. Parents who are offered the Traditional Child Welfare Case Plan are subject to different standards including expectation and accountability.

Furthermore the level of support is also dramatically different. Social worker parent ratio is one to five in FTDC compared to one to twenty five in the Traditional Child Welfare Case Plan, not to mention the level of practitioner specialization in FTDC services compared to a generalist practitioner involved with Traditional Child Welfare Case Plan.

In answering the second question, evaluating the impact of FTDC, CFP and Traditional Child Welfare Case Plan on timeline of reunification, there is a significant trend in the length of time to reunify with their children amongst the three programs. Parents who successfully reunified had to meet the same legal timelines provided by the Court. The results of this study were that the children of families who participated in CFP had a mean length of 6 to 12 months in the Child Welfare System. Children of families who participated in FTDC had a mean length of 13 to 18 months in the Child Welfare System. Children of families who participated in the Traditional Child Welfare Case Plan had a mean length of 19-24 months in the Child Welfare System. The type of program services made a difference in the timeline of reunification. The Court's decision of returning the child home is primarily based on assurance of the child's safety. FTDC and CFP families are offered Transitional Housing (THU) where the monitoring and supervision guarantee the safety and well being of the child.

In answering the third question, exploring the effectiveness of FTDC and CFP treatment intervention, the response from the qualitative data collection from the key informants through the written survey was overall positive. The greatest strength of the CFP is believed to be prevention, which is a major component of this program. Transportation is provided, allowing children and parents to interact thru structured activities, applying the information learned during the program. Parents tend to remember their own childhood experiences. In addition, the relaxed atmosphere and high staff ratio children are considered as helpful to parents. The teaching strategy of addressing the

same topic with parents and children at parent's as well as children's developmental age level was proven to be effective.

The CFP positively impacts the parent and child relationship by reinforcing family ties and improving the parent and child relationship. Parents are provided with healthy modeling of interacting with children. Particularly, parent and children have an opportunity to safely discuss difficult and painful issues related to substance abuse and parenting skills. CFP increases overall parent level of functioning and helps parents build support systems as they gain confidence in interacting with others. Family support for parents is strengthened as children increase their understanding of addiction as a disease. Conversely parents grow in understanding of the causes of their children's behaviors (such as the impact of stress, violence and chemical dependency on the family or having children with ADHD or FASD). Parents also have ongoing contact with group members in FTDC as well as CFP. These kinds of connections establish a strong camaraderie and build a level of support and networking among parents.

There are limited weaknesses reported on the CFP. Because of the new development of a new curriculum, some facilitators have not gained familiarity with the topic for discussion. As well, the length of the program could be increased. The strength of the program far outnumbered the weaknesses reported.

For future program development, the key informants suggested extending visitation time between parent and children. They would like to increase session dosage to twice a week, allowing more time to provide feedback to parents. It was also suggested that retaining experienced facilitators is important to maintain quality teaching; a children's support group and leadership program could be developed to meet children's needs; and a continued program for the graduates

would be helpful to parents to avoid relapse. In evaluating the effectiveness of the CFP, all five informants agreed that the CFP is effective. Two of them gave the highest rating in effectiveness.

Implications

Because research about the effects of Family Treatment Drug Court is sparse, the benefits of the study could be significant. This study illustrated that participating in Drug Court and *Celebrating Families!* program significantly increased the rate of reunification when compared to Traditional Child Welfare Case Plan. The responses from the key informants related to the system also reaffirm the effectiveness and positive impact on parents and children participating in the FTDC and CFP. These encouraging findings should motivate the Department of Family and Children's Services, in collaboration with County Juvenile Court, to consider expanding the FTDC and CFP or at least refrain from imposing any budgetary reduction in midst of current financial difficulties. In the future, more in-depth research on the re-entry rate of children whose parents participating in FTDC, CFP or Traditional Child Welfare Case Plan is needed to confirm the long term impact of FTDC and CFP on the safety and permanency of children's placement.

References

- Anderson, R.E. and Carter, I., with Lowe, G.R. (1999). *Human behavior in the social Environment: A social systems approach*, (5th ed.) New York: Aldine de Gruyter.
- Belenko S. (1998), Research on Drug Courts: A Critical Review. *National Drug Court Institute Review*, 1, 1.
- California Child Abuse and Neglect Reporting Act. Penal Code, Article 2.5. (2000). Retrieved September 18, 2002 from http://claraweb.co.santa-clara.ca.us/ssa/dfcs/childabuse/set11165_6.html
- Center for Substance Abuse Treatment. *Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues. Treatment Improvement Protocol (TIP) Series, Number 36*. DHHS Pub. No. 00-3357. Washington, DC: US. Government Printing Office, 2000.
- Field, G. (1989). The effects of intensive treatment on reducing the criminal recidivism of addicted offenders. *Federal Probation*, 4, 51-56. Retrieved October 23, 2002, from <http://web6.infotrac.galegroup.com/itw/infomark>
- Germain, C.B. and Bloom, M. (1999). *Human Behavior and the Social Environment: An Ecological View*, (2nd. Ed.). New York: Colombia University Press.
- Hildyard, K.L. & Wolfe, D.A. (2002). *Child neglect: developmental issues and outcomes*. Department of Psychology, London, Ontario. The University of Western Ontario.
- Hora, P. F., Schma, W.G. & Rosenthal, J.T.A. (1999). *Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System's Response to Drug Abuse and Crime in America*. University of Notre Dame. Retrieved September 18, 2002, from <http://www.American.edu/academic.dept/spa/justice/publications/notredame.htm>

Johnson, D.W. and Johnson F.P. (2003). *Joining Together: Group Theory and Group Skills* (8th. ed.) U.S.A.: Pearson Education, Inc.

Lewis, M.A., Leake, B., Giovannoni, J., Rogers, K., Monahan, G. (1995). Drugs, poverty, pregnancy, and foster care in Los Angeles, California, 1989 to 1991. *The Western Journal of Medicine*, 5, 435-448. Retrieved October 23, 2002, from <http://web6.infotrac.galegroup.com/itw/infomark>

McGaha, J.E., & Leoni, E.L. (1995). Family violence, abuse, and related family issues of incarcerated delinquents with alcoholic parents compared to those with nonalcoholic parents. *Adolescence*, 118, 473-214. Retrieved October 23, 2002, from <http://web6.infotrac.galegroup.com/itw/infomark>

National Institute on Drug Addiction. (2002). *InfoFacts – Drug addiction treatments and methods*. Retrieved October 20, 2002, from <http://www.drugabuse.gov/infobox/treatmeth.html>

National Child Abuse and Neglect Data System. (2002). *National Clearinghouse on Child Abuse and Neglect Information*. Retrieved September 18, 2002 from <http://www.calib.com/nccanch/pubs/factsheets/canstats.cfm>

Nolan, J.L. (2001). *Reinventing Justice: the American drug court movement*. Princeton, Princeton University Press.

Office of Justice Program (1999). Retrieved 10/20/2002 from <http://www.whitehousedrugpolicy.gov/publications/factsht/treatment/index.html>

Patterson, M. (1986). *Hooked? Net: the new approach to drug cure*. Faber and Faber Ltd.

- Peters, R.H. & Murrin, M.R. (2000). Effectiveness of treatment-based drug courts in reducing criminal recidivism. *Criminal Justice and Behavior* 27, 72-84. Retrieved October 23, 2002, from <http://web6.infotrac.galegroup.com/itw/infomark>
- Santa Clara County Department of Family and Children Services, (2000). [Data file]. Available from County of Santa Clara Social Services Agency Web site, <http://claraweb.co.santa-clara.ca.us/ssa/dfcs.html>
- Santa Clara County Department of Family and Children Services, Juvenile Dependency Drug Court Phases of Services for Drug Court Clients, (2000). [Data file]. Available from County of Santa Clara Social Services Agency Web site, <http://claraweb.co.santa-clara.ca.us/ssa/dfcs.html>
- Segatun-Edwards, I.J., Saylor C., & Shifflett, B. (1995) Drug exposed infants in the social welfare system and juvenile court. *Child Abuse and Neglect*, 1, 83-92. Retrieved 10/23/2002, from <http://web6.infotrac.galegroup.com/itw/infomark>
- Sibley, L. & Tisch, R. (2003) Keys to Healthy Living. Family Resources International.
- Tauber, J.F. and Snively, K.R. (1999). Drug Court: A Research Agenda. *National Drug Court Institute*. Retrieved October 23, 2002, from <http://www.ndci.org>
- U.S. Department of Health and Human Services. *Family drug treatment court program process documentation and retrospective analysis evaluation plan*. Washington D.C.: U.S. Government Printing Office, 2000.
- U.S Department of Health and Human Services. *Blending perspectives and building common ground: a report to Congress on substance abuse and child protection*. Washington D.C.: U.S. Government Printing Office, 1999.

Wallace J. (1996). Theory of 12-Step-Oriented Treatment, in Treating Substance Abuse,
Fredrick Rogers et al. eds.

Warner, E.E. and Smith, R.S. (August, 2001). *Journeys from Childhood to Midlife:
Risk, Resilience, and Recovery*. Cornell Univ.Press.

Appendix A:
Data Collection Tool

Appendix B:
Qualitative Survey

Appendix C:
Human Subject Committee Approval Letter