A Statewide Comparative Study in California:

Celebrating Families! Program

By

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Celebrating Families! Program

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Date: 13 February 2009

To: Petra Nieto, MSW Student

cc: Paul Newberry, IRB Chair
Jong Choi, Social Work Department

From: Steve Suter, University Research Ethics Review Coordinator

Subject: **Exemption from Full Review for Protocol 09-32**

I am pleased to inform you that your request for exemption from full IRB/HSR review has been approved. You are authorized to carry out your research entitled, "**A Statewide Comparative Study of *Celebrating Families!* in California**". This research activity is exempt as defined in Paragraph 46.101 of Title 45, *Code of Federal Regulations* based on the following criteria: (1) Research involving the use of [standardized] educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, UNLESS: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, and (b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. Approval is based on your materials received on 1-30-09 and your clarifications in response to reviewer comments completed on 2-12-09.

The following person[s] only are authorized to interact with subjects in collecting data or obtaining informed consent:

Human Subjects Protection Training Certified:
Petra Nieto [2-03-08] & Jong Choi [11-04-02]

Any signed consent documents must be retained for at least three years to enable research compliance monitoring and in case of concerns by research participants. Consent forms may be stored longer at the discretion of the principal investigator [PI].The PI is responsible for retaining consent forms. If the PI is a student, the faculty supervisor is responsible for the consent forms. The consent forms must be stored so that only the authorized investigators or representatives of the IRB have access. At the end of the retention period the consent forms must be destroyed [not re-cycled or thrown away]. Please destroy all audio tapes after scoring.

This authorization will be valid until the end of January 2010. If more time is needed, you must request an extension from the Board. If you have any questions, or there are *any changes to your protocol*, *unanticipated problems*, or *adverse reactions*, please contact me immediately. Thank you.

Steve Suter, University Research Ethics Review Coordinator

Abstract

This study is a statewide comparative study in California of the existing *Celebrating Families! (CF!)* Programs in evaluating the similarities and differences among these programs and their effectiveness of families actually completing the *CF!* Program. This research utilized both quantitative and qualitative research methods. Data was collected through structured telephone interviews with the use of the *CF!* Telephone Questionnaire. The *CF!* Telephone Questionnaire consisted of fifteen open ended questions, pertaining to each *CF!* Program's use of the original *CF!* curriculum. A purposive sample was used in selecting 8 of the 13 *CF!* Programs existing in California to participate in this research study. Through the use of SPSS analysis, the results indicated no statistically significant findings designating any one of the *CF!* Programs' use of the *CF!* curriculum to be more effective in increasing the number of families to complete the *CF!* Program.

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Introduction

This researcher aimed to contribute to the field of social work through conducting a statewide comparative study of the *Celebrating Families*! *(CF!)* program, which is implemented in various counties throughout the state of California. This study identifies the similarities and differences among the *CF!* programs, as well as illustrates the successful outcomes of each *CF!* Program in terms of the number of families successfully completing the programs. In addition to identifying the strengths and successes for each program, this research study also identifies positive additions and changes that programs have made to their own curriculums, which may serve as an example to other *CF!* programs to include these additions as well. Thus, creating a connection and working relationship between all existing *CF!* programs in California, further strengthening and adjusting the original *CF!* curriculum, which would work to enable all *CF!* Programs to provide more effective and useful services to their participants.

The *CF!* Program was created at the request of Judge P. Leonard Edwards II, Supervising Judge of the Santa Clara County, California. The first model was piloted in Santa Clara County in 2003 and funded by a SAMHSA (Substance Abuse & Mental Health Services Administration) grant. *CF!* was then taken over by the National Association for Children of Alcoholics (NACoA) in order to expand the parenting program across the country. *CF!* is currently a program under the Prevention Partnership International within the NACoA administration. Since then, the curriculum has been implemented and established in counties across the state. Locally, *CF!* is a court–approved parenting program incorporated within the Family to Family agenda through the Kern County Department of Human Services, Child Protective Services. (Celebrating Families Program Website).

CF! is a evidence-based parenting intervention that is based on a cognitive behavioral, support group model targeting families with one or both parents that have a serious addiction to alcohol or drugs, placing the family at risk for domestic violence, child abuse, or neglect. In addition, *CF!* works with each family member to affect the family system and to encourage family reunification. The goal of *CF!* "is to foster the development of whole, fulfilled and addiction-free individuals and families by increasing resiliency factors and decreasing risk factors" (Celebrating Families Program Website).

Primary goals of *CF!* are:

1. To break the cycles of chemical dependency and abuse within families,
2. To decrease the use of alcohol and drugs and reduce relapse for family members with Substance Abuse (SA) problems, and
3. To improve the rate of, and reduce the amount of time for, family reunification.

The intentions of these goals are accomplished by teaching and modeling healthy living skills, parenting skills, and by educating families about the impact of SA on families and individuals. (Celebrating Families Program Website).

Objectives

1. To break the cycles of chemical dependency and violence/abuse in families by increasing participant knowledge and use of healthy living skills.
2. To decrease participants use of alcohol and other drugs and to reduce relapse by teaching all members of the family about the disease of chemical dependency and its impact on families.
3. To positively influence family reunification by integrating recovery into daily family life and by teaching healthy parenting skills. (Celebrating Families Program Website).

Generally, the *CF!* Program works directly with families who are involved with the Child Welfare System and who are court ordered to receive family reunification services. The *CF!* Program also accepts referrals, in addition to social workers, from family therapists, drug/dependency court, relatives, ministers and self-referrals. The *CF!* Program does require the family to be in early recovery from alcohol or drug addiction, and who have children from the ages of six to seventeen years old. The *CF!* curriculum consists of sixteen two in half hour sessions weekly meetings. Following a family dinner and an opening activity, the parents attend the *CF! Parent Program* for the 50 minutes while their children attend the *CF! Children's Program* in their age-appropriate groups. Both parents and children are given the same information relating to the topic of each session on the same night every week, but it is taught and communicated in terms of age-appropriateness. The families then reunite before the end of the session for a closing activity, which lasts 30 minutes (Celebrating Families Program Website).

The *CF!* curriculum ensures that both parents and children are provided the same curriculums in terms of topics for each session. Although families are learning separately for most of the session, they are only separated to ensure the information is received is age-appropriate and understood by the targeted participants. As a result of receiving the same material, families are simultaneously learning together about to the various issues that are affecting the functioning of their family. Another key factor for separating families according to age is to enhance their process of learning by enabling the participants to interact and relate to other participants in their group, who are of their own age. Socialization provides participants an opportunity to learn how and to gain skills in healthy interaction, thus, working to break the cycles of risky behavior and allowing the discovery a new ways to live. In addition, within each

session, the recovery concept is integrated into the curriculum for every family member. The program also emphasizes the importance of spending one on one time with their children and telling their children "I love you". Each session of *CF!* is fully scripted with activities such as, role playing, activity sheets, children's stories, and informational handouts. Topics covered during the sixteen-week scheduled sessions are 1) Orientations and Getting Started, 2) Healthy Living, 3) Nutrition, 4) Communication, 5) Feelings and Defenses, 6) Anger Management, 7) Facts about Alcohol, Tobacco and Other Drugs, 8) Chemical Dependency is a Disease, 9) Chemical Dependency Affects Whole Family,10) Goal Setting, 11) Making Healthy Choices,12) Healthy Boundaries, 13) Healthy Friendships and Relationships, 14) How We Learn ,15) Our Uniqueness, and 16) Celebration!. In turn, the sixteen-week curriculum offers information to families regarding facts about drugs, brain chemistry, chemical dependency, how this affects families and relationships, domestic violence, and media influence. In addition, anger management, effective communication and expression, setting boundaries, refusing drugs, choosing safe and trustworthy friends, and problem solving skills are intended skills to be developed by the families through their participation in the *CF!* Program. The CF! Program is generally staffed by two to three instructors who facilitate each age group. This is dependent on the ages of the children, as they are divided into age-appropriate groups to ensure the material and content is easily understood. The facilitators foster a mentoring relationship with the parents in order to role model healthy living and parenting skills with their children, to enable parents to use this same mentoring relationship with their own children, encouraging their family's healthy development. (Celebrating Families Program Website).

The family dinners that precede each session allow not only for families to enjoy a meal together, but they also allow for parents and children to apply what they have learned during

their classes and begin to learn how to interact with one another in a positive and healthy manner. Thus, families are able to make use of the time to talk about difficult issues and begin the process of healing and recovery (Celebrating Families Program Website).

Statement of Purpose

According to the Child Welfare Dynamic Report System (CWDRS), within the time frame of October 2007 through September 2008, 62.7% of children are successfully reunified with their parents within twelve months from their initial entry into the foster care system for the state of California, which is far below the national goal of 75.2%. In addition, according to the data collected from October 2006 through September 2007, the CWDRS also shows an 11.6% re-entry rate of these children back into the foster care system within twelve months of their reunification with their parents (Child Welfare Dynamic Report System website).

More specifically in regards to the child welfare system (CWS) that exists in Kern County, the Child Welfare League of America (CWLA) (2006) report indicates that Kern County's rate of referrals for every 1,000 children showed to be 56% higher than other California counties in 2003. In addition, Kern County's entry rate into foster care was doubled the state's entry rate, and from 1998 to 2002, the overall reunification rates were lower the state's reunification rates. Furthermore, the completion of case reviews, in Kern County, indicated that the same identified risk factors for an individual family were the same identified and repeated risk factors in previous referrals. Although families were provided services to alleviate the identified risk, fewer families engaged in services, and even fewer actually resolved the risk factor, identified by the referral, at the time of case closure. In turn, families are being referred to Kern County's Department of Human Services due to the present risk factors in their homes and the unsafe conditions that their children are in, but they unfortunately are not receiving the appropriate services through their involvement in the CWS in order to resolve these concerning issues. Thus, Kern County's CWS made no positive changes for these families and children, who

actually exited the system in the same conditions in which they arrived to the attention of Child Protective Services, continuing to place their children at risk.

Famularo, Fenton, and Kinscherff (1992) indicate a high prevalence of parental substance abuse in 67% of CWS cases, which label at least one parent or caretaker in the case as a substance abuser and is the primary risk factor for the child. As a result, this ultimately leads to the removal of their children and the placement of their children into the foster care system.. Furthermore, the authors discuss the concerning but strong correlation of parental substance abuse to the occurrence of physical and sexual maltreatment of their children. Murphy (1991) indicates in his review of CWS cases that substance abusing parents also are more likely than non-substance abusing parents to be referred to child protective services, to be perceived as a high risk to their children by court investigators, to refuse court ordered services and to have their children permanently removed from their care. In turn, illustrating the great need for an effective intervention in not only preventing substance abusing parents from further abusing and placing their children at risk, but also to successfully reunify families and to avoid permanent placement of children into the foster care system.

The Source (2005), newsletter of the *The National Abandoned Infants Assistance Resource Center*, indicates that substance abuse is an influential factor in nearly three quarters of Child Welfare cases due to neglect and child abuse. Additionally, *CF!* "is showing early success rates nearly double those of any other program previously in use" (10). As a result of the substance abuse being such an extensive issue and a contributing factor in the majority of CWS cases, it is assuring to know that the *CF!* program is on the right track in working with this at-risk population.

The enactment of the Adoption and Safe Families Act (ASFA) of 1997, requiring child welfare agencies to create a "concurrent plan" or permanent placement for a child should be located if he or she will not return to the care of the parent within twelve months, places additional pressure on Child Welfare and parents (Quittan 2004). Unfortunately, this timeframe does not allow social workers or parents to adequately address the issue of alcohol or drug addiction, which most often leads to parents failing to complete their court-ordered case plan and their children being left in some of permanent foster care.

As a result of being exposed to substance abuse and then removed from the care and home of their parents, foster children are more likely to be vulnerable to continue the cycle of chemical dependency. In combating this issue, parent education is being raised as major force in working to preventing future drug problems (Huhn and Zimpher 1989). In numerous studies, a strong relationship has been reported between an early age initiation of alcohol or drug use and the continued misuse of substances, indicating the serious need of an effective intervention focused on prevention of early initiation (Haggerty, Hawkins, Kosterman, Spoth, and Zhu, 1997).

The *CF!* is the first parenting curriculum that targets those families that have been exposed and affected by alcohol/substance abuse, which may attribute to the curriculum's successful outcomes to date. In addition, the curriculum addresses an array of issues, such as domestic violence, nutrition, anger management etc., which are the issues and problems that many of these at-risk families are challenged with overcoming.

Although the curriculum and the pilot of the *CF!* has proven to be successful, this study's purpose is to discover if and how any of the *CF!* Programs have deviated from the original *CF!* curriculum. Thus, this researcher is concerned if the changes made to the curriculum are

producing better outcomes for their participating families. If these changes, indeed, produce better outcomes, then these additions and changes should be considered for possible implementation into the original *CF!* curriculum in order to further strengthen the existing programs so all counties are able to utilize these improvements. Hopefully, this will result in an increase in reunification rates and a decrease in recidivism rates for CWS cases. It is also likely that those counties that have implemented the *CF!* curriculums and have been established for a longer period of time will prove to be more effective programs than those that have just been recently implemented.

Research Questions/Hypotheses

Firstly, It is hypothesized that there will be more successful outcomes for those *CF!* Programs that have been established for a longer amount of time, in terms of the number of years, than those *CF!* Programs that have just been recently implemented. Also, those *CF!* Programs that offer a greater amount of facilitators per group and total number their *CF!* Program will also produce better outcomes for their participants.

Also, this study's purpose is not only to discover the similarities among the *CF!* Programs, but also their differences, especially in terms of the changes made to the original *CF!* curriculum, activities/tools added or removed, additional supportive services or court ordered case plan components offered to participants, and the abilities and experience of the facilitators of the *CF!* Programs. As a result, it is hypothesized that those *CF!* Programs offering additional supportive services, such as transportation, no financial cost to participant, additional court ordered service case plan components, such as substance abuse treatment, domestic violence counseling, modifications to the *CF!* curriculum through their activities and topics etc., to

families will produce more successful outcomes than those *CF!* curriculums that do not offer these additional services.

Furthermore, it is also hypothesized that the *CF!* Programs whose facilitators have a higher educational background, who have completed the *CF!* training prior to facilitating for their program, and who do not carry a caseload, in addition, to facilitating for their *CF!* Program will also produce more effective results. It is believed that these *CF!* Programs will be more effective in terms of generating a higher number of families/participants completing the *CF!* Program than those *CF!* Programs whose facilitators possess a lower educational background, have no *CF!* training, and who carry a caseload in addition to their work with the *CF!* Program.

Literature Review

For the most part, society as a whole has viewed the misbehavior of children as a direct result of the parenting that the child has received, thus, placing fault and blame in its entirety on the primary caretaker of the child. Parents are criticized for several reasons; lack of parental involvement, poor parenting skills, an inadequate and insufficient awareness and knowledge of child development, and the deprived home environment provided to the child, which may have very well subjected the child to traumatizing factors, such as abuse and neglect. In turn, these parenting factors prove to place children at risk, inhibiting their healthy development, but leading to the inadequate development of their academic and social abilities, behavioral problems, and low self-esteem. As a result, researchers, therapists, sociologists etc, have worked diligently in producing effective parenting interventions in strengthening parental skills, providing parents with additional tools to engage their children, and also to assist in improving the already strained and low functioning parent-child relationship. The following studies highlight successful parenting interventions to address these variety of concerns and stressors with regard to parenting.

Barth, et.al (2005) examine the most effective parent training programs with regard to the needs of clients involved in CWS. This was done to generate a variety of plans to improve parent training for these clients and to also fulfill the high expectations of the laws and practices mandated for CWS. The article identifies four common components that parent training classes maintain for those parents involved in the CWS: an assessment of parenting problems, new parenting skills that are taught, new skills that are learned while being applied with their children, and lastly, parents' ability in receiving feedback regarding these applications. In addition, the authors reported three parenting classes, *Parenting Wisely*, *Common Sense*

Parenting, and *Love and Logic,* as being the most popular types of parent trainings among parents undergoing CWS. The common factors among the parenting interventions were their short term programs, the low cost of their programs, the programs' not requiring advanced degrees for their trainers, the ability of the programs to be applied to both parents of those children in home and out of home, and lastly, the concepts being taught were easily communicated to the parents. Furthermore, the article identifies the most promising interventions used, as apart of these parenting classes: *Parent-Child Interaction Therapy*, for children 3 to 11 years old, *The Incredible Years*, for children 4 to 8 years old, and *Parent Management Training*, for children 3 to 18 years old, which were most successful for those families going through the process of the CWS.

In the same manner, Prinz (2009) describes a parenting intervention approach, referred to as the "Triple P", positive parenting program, which can be offered as a possibility to those parents undergoing CWS in addressing prevention of child maltreatment and support of child mental health. The author recognizes that there are three challenges that are imperative in the understanding and the implementation of a successful parenting intervention within CWS. The first is that the parenting intervention must be presented to parents who are undergoing the system, in a non-stigmatizing way that implies the applicability of this program to all parents. The second challenge is flexibility in regards to the objected formats of the intervention, the administration, and the ability of the program to meet all the needs of the CWS. Lastly, the third challenge indicates the importance in maintaining continuity across all parenting interventions in regards to setting, situations and service providers. Thus, Triple P is a multilevel evidence-based system or suite of parenting interventions, offering parents a several access points and that works

to de-stigmatized attending a parenting program while involved in the child welfare system and is also cost efficient.

In addition, Moraskwa, Bor and Sanders (2007) discuss in their report three outcomes of the Triple P-Positive Parenting Program, which is a behavioral family intervention used for children displaying high risk behavior. Three hundred and five families were selected to participate in the study. All families had a child that was 3 years of age. The families also resided in one of the three low-income neighborhoods in Brisbane, known to have high proportions of young children, high juvenile crime rates, and high rates of unemployment. A Family Background Interview of the parents was completed, along with a Diagnostic Interview of the children, and a parent report. Then mother-child behavior was assessed was videotaped and observed in increments of 30 minutes. At the end of three years, outcomes for this parenting program showed that about 2/3 of preschoolers who were shown in need of clinical intervention due to measuring for disruptive behavior at pre-intervention, had moved from clinical to non-clinical range of need after completing the Triple P-Positive Parenting Program with their parents. In addition, there appeared to be a preventive effect for all conditions tested in which an intervention was provided for high risk children.

Within this same subject, Gunning et.al (2008) discuss the importance in offering an effective parenting program within the realm of children services, but the authors indicate the difficulty in implementing the evidence-based policy that has been established. In turn, a review of parenting programs was completed through the use of focus groups made up of parents and professionals involved in three major agencies: Health, Education, and Social Work. The review focuses on those parenting programs that are directed at serving infants in mental health, children with emotional and behavioral issues, autism and attention deficit hyperactivity disorder, abuse

and neglect, alcohol and substance abuse and *vulnerable* parents. The focus groups consulted in regards to the types of parenting services prevalent within these three agencies, such as accessibility to parents, the current gaps in services, and the future directions of the parenting interventions. From the twenty reviews, or focus groups completed, it was concluded that there are a variety of parenting interventions that promise to benefit families who are affected by the problems indicated. In the end, the reviews also showed that the overall effectiveness of the parenting programs is dependent on the ability of the agencies' to adequately target the needs and social context of the intended families that the intervention wishes to serve.

On the other hand, Sturmey and Ward-Horner (2008) completed a study of Behavioral Skills Training (BST) and General-Case Training on the generalization of parents' use of DTT, Discrete-Trial Teaching, and the effects this parent training has on parental skills and child behavior. This study was completed on parents, whose children displayed a need of DTT training to acquire new skills, and all children selected had a diagnosis of autism, which was not specific to the needs of those parents and children involved in the CWS, but this type of training may be useful to parents of children who have developmental disabilities. A delayed child is placed in further risk due to the ill-equipped and incapability of the parent to properly care for and nurture their child in this condition. Thus, the child is completely dependent and reliant on their parent, placing the child at risk for abuse and neglect due to the stress and anxiety attached to the required maintenance and supervision of a delayed child. This research study, selected three parent-child dyads to conduct DTT training, due to the parents having little or no training with DTT. The three parents were trained in using DTT and to then use these new skills on their children, as were evaluated by the researcher, through the use of a multiple-baseline-across-participants-experimental design to properly to assess the effects of DTT on children's behavior.

The researchers found that the use of BST and general-case training together were highly effective in increasing parents' correct use of DTT. In spite of this, the effects on child behaviors were not improved. This may be due to the use of trial and error in working with children, the experimenter's difficulty in clearly modeling how to implement the components, or the scripts that were provided to the parents. Further, the scripts that were provided may not have allowed parents to practice the full range of responses for all ten components, in turn, parents may have chosen the one response from each component that they found useful during stimulation training, but may have very well proven to be ineffective in attaining a positive response from their child.

Similarly, Guttentag et.al (2008) examined how the most favorable use of time in using responsive parenting with infants and toddlers through the application of the *Playing and Learning Strategies* intervention. There were different phases of the intervention applied, the first during the infancy stage (PALS I) and the second during the toddler stage (PALS II) to increase the likelihood for better outcomes of the participants. Two groups of children were selected to participate in this study, who varied in biological risk in later development, as it would allow for an assessment of effectiveness to be conducted more easily. As the prior study dealt with children diagnosed with autism, this study also dealt with infants and toddlers, who at risk of developing some form of a delay. Four assessments of the mother-child pairs were completed throughout the study, which consisted of videotaping the interaction between mother and child for fifteen minutes in a naturalistic setting to determine the effectiveness of the intervention. As a result, PALS I intervention proved to far more effective in increasing the mothers' affective-emotional responsive behaviors (prompt and sensitive responses), whereas, the PALS II intervention best supported the cognitive responsive behaviors of the mothers (maintaining their child's attention, redirecting, verbal encouragement etc.).

Although families have long been subjected and faced with the issue of alcohol and substance abuse within their family and home environment, the devastating and long lasting affects of this particular trauma have only been recently discussed and brought forefront as a national issue. What is most concerning, in addition to the damaging affects from exposure to drug and alcohol use in the home environment, is the cycle it begins for children, which is difficult and almost impossible to break. The following articles and research studies discuss these concerns and how best to intervene, in order to treat children and families who have undergone this experience, and to increase their chances in leading a healthy and drug free lifestyle.

Kumpfer (1999) states that "children of substance abusers are the highest risk group of children for becoming alcohol and drug abusers for both genetic and family environment reasons" (1128). Unfortunately, scientific research is delayed in providing an understanding of the factors involved and also in creating more successful means of testing prevention and intervention programs to measure their actual effectiveness in working with this high risk group of children. Presently, interventions are struggling to properly identify, maintain, and measure their outcomes, in turn, affecting their ability to determine if the interventions used with children of alcoholics (CoAs) or children with drug abuser are indeed effective. The author further indicates that the National Institute of Health is using the multitrait-multimethod measurement strategy when conducting clinical trials on their recently established intervention programs. This method of testing collects self-reports from a variety of sources, which reduces and controls for data error. The article makes recommendations in three parts. Part I indicates the need for developing better tools for measurement and practice with children of drug abusers. Part II discusses considerations in choosing measurements, while Part III discusses how to choose measurements. The author also identifies additional methods that can effectively measure the

factors involved that places this group at such high risk. Overall, the development of valid measurement should be given just as much attention as the development of prevention programs in order to build on and improve those outcomes for this at risk group, particularly in terms of intervention and prevention.

White and Chaney (2008) discuss the issue of those individuals who suffer from intergenerational histories of substance abuse and their resistance in developing or in recovering from these problems. The authors indicate that two questions must be answered to better understand the risk factors involved in substance abuse and how to successfully impact the treatment and recovery outcomes for these individuals. Hence, the authors ask, "1) How do individuals with a family history of alcohol and other drug (AOD) problems and related risk factors resist the development of AOD problems over the course of their lives? 2) How do family histories of AOD problems and the outcomes of those problems affect individual recovery prospects and processes of other affected family members?" (2). Historically, clinical interventions for this group has been focused on the pathology of alcohol and drug addictions, but the author offers a shift from the pathology standpoint to a recovery model. In turn, this shift will create more research and empirical evidence, which would allow for the above questions to be answered that are critical to and helpful to those individuals with AOD problems who are attempting to begin their recovery, maintain recovery, and to enrich the quality of their lives in recovery. At the Center for Substance Abuse Treatment's 2005 Recovery Summit, a solutions-focused approach was emphasized to be imperative in establishing a strong familial and communal environment in supporting long term recovery and to prevent future relapse and development of AOD within this vulnerable population.

Anda (1998) conducts the Adverse Childhood Experiences (ACE) Study, which examines how parental abuse, neglect, domestic violence, mental illness, alcohol and substance abuse and crime in the home affects the healthy development of their children, but actually how these traumatic childhood experiences lead to major health and social problems for these children well into their adulthood. All of these exposures also lead to social, emotional, and cognitive impairments, increasing risk of unsafe and harmful behaviors, violence or re-victimization, illness, disability and early deaths. The ACE Study was a decade long and ongoing collaboration between the Centers for Disease and Control and Kaiser Permanente, which was intended to explore the childhood origins of the Nation's leading health and social problems. Two waves of surveys were from 1995 to 1997 were distributed to patients and completed by members of Kaiser Permanente's medical group, which assessed the potential relationship of ACEs to health care utilization, prescriptions prescribed, disease incidence, and causes of death. The study's findings indicate that ACEs places this at-risk group for alcohol abuse, HIV/AIDS, smoking, Chronic Obstructive Pulmonary Disease, depression, suicide, and impaired worker performance. Anda (1998) states, "When a child is wounded, the pain and negative long-term reverberate as an echo of the lives of people they grew up with-and then they grow up, at risk for taking on the same characteristics of behaviors-thereby sustaining the cycle of abuse, neglect, violence, substance abuse, and mental illness" (14).

Abbott and Brown (2005) discuss in their article *Children of Alcoholics* (COA), the effects on families living with an addiction and the devastating effects this has on children later into their adulthood. The authors indicate that "an estimated 26.8 million children are exposed, at varying degrees, to alcoholism in the immediate or extended family. These children are at higher risk for alcoholism and other drug abuse than are children of non-alcoholics, and are more likely

to marry an alcoholic as well (p. 46).” Thus, the authors emphasize the risk of this vicious cycle of substance abuse continuing for COAs into their adulthood. The article also describes the *alcoholic family system* as constantly adapting to the ongoing trauma produced by drinking, which also works as the main source in maintaining the trauma as well. As a consequence, the family is dictated by changing moods and out-of-control behaviors of the alcoholic, in addition, to their inability to fulfill significant roles within the family that must be somehow satisfied in order for the survival of their family. In turn, the authors emphasize the importance in properly obtaining an accurate assessment of a COA, in order to; ensure the physical safety of the client, a safe therapeutic setting and making the situation a reality for the client. In turn, encouraging and guiding the client to appropriately cope with their issues and to also seek help for their own protection.

Huhn and Zimpher (1989) assessed the effects of Survival Training for Parents (STP) program on parental attitudes and on the self-esteem and anxiety of preadolescent children. The authors express a need for parental education of children nine years and older due to the current lack of educational training for this age period. In addition, parent education is used as method of prevention in an attempt to improve parenting skills and parental attitudes toward their children. According to a national survey of high school seniors, the number of drug-abusing students increases between sixth and eighth grade. A parental educational intervention such as this would be extremely helpful in serving parents involved in the CWS, due to the majority of children being removed from their home is somehow related their parents’ substance abuse, placing these children at further risk to follow in the same path. This may not only serve as a parenting intervention, but may also possibly educate the parents about their own drug issues encouraging their own healthy recovery from their addiction. The participants were volunteers from two

school districts in northeastern Ohio. The intervention that was used was an Adlerian parenting principle taught to parents in a six, 2 ½ hour sessions, as an outreach approach from a community mental health center. The first three sessions provide information about adolescent development and issues characteristic for this age group. The last three sessions concentrate on parenting skills and the role of the parent. In addition, the program offers a balance between teaching, discussion, and skill practice. The study used eighteen parent-child pairs, children between the ages of 10-12, who completed both pre and post-testing of this eight week program. After the completion of STP, parents have greater confidence in their ability and role as parents, the value of communication and understanding of their children also increased. Unfortunately, the effects on the children participants were minimal. Although there was an increase in self-esteem at school and academic affairs, this could have also been due to the presence of the study and parents at the school site for the duration of the study. There was also no evident change of the adolescents' levels of anxiety. This may be as a direct result of the parent being the primal target and recipient of STP training. As a result of the increase in parental skills and communication with their children, the positive effects on children are more likely to follow, as a result of the changes evidenced in the parents' abilities.

Similarly, Haggerty et.al (1997) also raised the issue of childhood drug abuse and discussing their findings of a different intervention to improve parenting skills and the parent-child relationship in preventing childhood drug use. The authors highlight the findings of an experimental test of the effects of a parenting intervention, *Preparing for the Drug Free Years (PDFY)*, which is an intervention based on a social development model. This model believes that prosocial bonding is a protective factor in opposition to childhood drug use and delinquency, and based on the social learning theory, accounts for the development of bonding. Consequently,

PDFY is a parenting program, which seeks to decrease risks and increase protection against early drug use through enhancing parenting behaviors and family interactions that are predictive of childhood drug use. The study selected families from the Midwest, who were financially stressed, to participate in the study. The study used specific interventions to assess parental behaviors, based on ongoing observations of videotaped family interactions. The PDFY intervention proved to be effective in enhancing proactive communication from parent to child, in regards to general family interaction and problem-solving. The intervention also worked to enrich the overall parent-child relationships. Lastly, the PDFY intervention also proved to reduce the amount of mothers' negative interactions with their children.

Lima et.al (2009) discussed what was learned from an evaluation of a new parenting intervention, The Infant Massage Parenting Enhancement Program (IMPEP), targeting substance-abusing mothers and their babies, after the first year. IMPEP is a series of intimate, interactive, psychoeducational small-group sessions in which mothers are taught and able to strengthen their basic parenting skills, through practicing infant massage techniques with their babies that will serve to increase the maternal-infant attachment or bond. In addition to the parenting intervention of IMPEP being offered to mothers, supportive services, such as medical care, legal assistance, emotional support, vocational resources and rehabilitative services were also set in place for them. In terms of retention, the IMPEP program maintained an overall retention rate of 72%. In addition, the authors indicated issues in regards to recruitment, suggesting the creation of a site-specific recruitment plan with each referring agency. There was also mention of variability of program delivery, which could not be controlled due to the different teaching styles for each educator and also their need to deviate from the manual based curriculum in order to meet the need of their client. Also cross-contamination occurred due to the

meeting site being the same for different treatment groups, enabling clients from different groups to meet and discuss their different learning experiences that possibly created a bias for the program. The article discussed conflicting schedules, indicating that according to the clients and educators, the manual-based curriculum did not allow educators time to interact with their clients nor did clients feel they were able to socialize and discuss their feelings among themselves during the time allotted for class. Lastly, the lack of buy-in by the agency staff, directing attention to the inadequate support of the clinical staff at each treatment staff, could have possibly hindered the successful recruitment of participants and caused the crowding of agency programming activities, which often led to missed IMPEP appointments by clients.

Finally, the following studies and articles discuss the subject of this study, which is the newly implemented program, *Celebrating Families!.* The authors highlight the successful outcomes of the program in reunifying families, breaking cycles of chemical dependency, and creating healthier life skills within the family unit. These outcomes are as a result of the parenting intervention targeting families, as a whole, who are in early recovery from alcohol and substance abuse, in addressing risk factors and teaching healthy living skills, working to break the cycles of addiction, child abuse and neglect and also to encourage families to lead healthier lifestyles.

The Source (2005) emphasizes the need for early childhood education in regards to substance abuse, which works to increase protective factors for those children, indicating that "one-in-four" are either living with an addicted parent or in a family dealing with a substance abuse issue. These children often perform poorly in school, may participate in delinquent activities, may suffer from low self-esteem, self-mutilation, feelings of depression, hopelessness, suicidal ideation, act compulsively, experience panic attacks, are extremely distrustful of others,

often partake in dangerous play and sexual promiscuity. In addition, they are also at high risk for developing their own issue of substance abuse and are more likely to continue the cycle of abuse and neglect. This article identifies the *Celebrating Families!* program as the new leading approach in working to reunify families affected by parental substance abuse. Through participation in this program, participants develop improved communication skills and coping skills in dealing with tense situations, and the ability to identify resources that they can turn to for help. They also learn how to express their own feelings, manage their anger, problem solve, how to develop and foster healthy relationships, and increase their education of chemical dependency and the effects it has had on their family. *Celebrating Families!* is based on a educational/supportive model consisting of 15 weekly 90 minute sessions that are each followed by a 30 minute structured family activity. Results showed of 78 families who participated in the program that 72% reunified and the length of time children remained in foster care was 6 to 12 months.

Quittan (2004) completed a program evaluation which assessed the effectiveness of Family Treatment Drug Court (FTDC) and *Celebrating Families!* program (CFP) in breaking the cycle of addiction in families in Santa Clara County. A purposive sample was utilized in obtaining 78 parents from the CWS database of Santa Clara County Department of Social Services as participants in this study. In addition, feedback regarding the strengths and weaknesses of the *Celebrating Families!* Program was solicited from drug court staff and counselors located at the FTDC in Santa Clara County. The study used both qualitative and quantitative methods of data collection, which consisted of two surveys, one being eight questions given to the FTDC key participants, and the other survey used as a secondary data collection from the Department of Family and Children Services in Santa Clara County. Results

indicated that FTDC and CFP had 72% to 73% reunification rates, whereas traditional child welfare case plans had 37% reunification rates. In comparing the outcomes of FTDC and CFP, there was a major difference. Families participating in CFP reunified within 6 to 12 months, whereas those families in FTDC reunified within 13 to 18 months. Thus, the survey results indicated that CFP, was indeed, effective in offering a positive influence in strengthening family relationships and in raising the parents' awareness in regards to the effects of chemical dependency.

Lum (2008) conducted a study exploring the development of family resiliency of those families who had participated in the *Celebrating Families!* Program in Santa Clara County. For the study, 9 participants were gathered by convenience sampling, which were 6 parent participants and 3 key informants, who were past *Celebrating Families!* facilitators. The researcher used a survey data and content analysis for data collection. The quantitative research, through use of the survey, found that positive perceptions of family resilience existed in *making meaning of adversity*, *positive outlook*, *connectedness*, *social and economic resources*, and *collaborative problem solving*. In addition, the qualitative research found that similar perceptions in supporting strengths and barriers to the development of family resiliency.

Finally, Prevention Partnership International (PPI) (2007) completed and submitted a Fiscal Year 2007-2008 Work Plan to the Child Abuse Program to receive additional funding for the *Celebrating Families!* Program in Santa Clara County. In order to gain funding, PPI evaluated the effectiveness of two of the *Celebrating Families!* Program, EMQ and ARH Parisi-House on the Hill. Both agencies offered four groups from May 2007 through March 2008 with 97 families in all. The report found that in terms of engagement outcomes, 98% of staff were pleased with the training they received and would recommend it to a colleague, 97% of the

parents who participated in *Celebrating Families!* were pleased with the program and would recommend it to others, and lastly, 88% of children and youth who participated in *Celebrating Families!* reported being pleased with their experience and would recommend the program to others. As for short-term outcomes, the report showed that 96% of new facilitators indicated increased knowledge of the *Celebrating Families!* Curriculum. As for parents, 94% reported increasing their knowledge in regards to parenting skills, parenting supervision, parent efficacy, and parenting confidence, which was validated by their facilitator. Unfortunately, the projected short-term outcome for children of 80% was not met to improve children's developmental risk in their ability to identify a caring adult (64%), to know how to ask for help (71%), and to know how to say NO in an unsafe situation (69%). Furthermore, the report also evaluated the four groups of participants with regard to their intermediate outcomes. The report found that 100% of the facilitators were effectively leading their groups, which was determined by two site visits completed by one of the *CF!* fidelity evaluators. Also, 99% of parents reported an improved positive engagement with their children. Of the 97 families that participated in the *Celebrating Families!* Program, only one family was reported for child abuse by a facilitator. As the report indicates their evaluations of the *Celebrating Families!* Program on the basis of improved family strengths and resiliency, 59% of participants demonstrated improved positive engagement with their children, 68% reported improved quality of time spent with their children, and 81% reported having a family meal once a week. The report also accounts for these low outcomes due to not all of the participating mothers at House on the Hill, an inpatient residential drug treatment center, having their children in their care.

Methodology

This is a statewide comparative research study of the *CF!* Programs throughout California, comparing and contrasting this particular parenting curriculum. The *CF!* Program works to target families with one or both parents who are in early recovery from substance and/or alcohol abuse and who are also undergoing the family reunification process with their children within the Child Welfare System.

Sampling

Through the use of a purposive sampling method, the research subjects were selected to participate in this study. This researcher made contact with Rosemary Tisch, Director of PPI and co-creator of the *CF!* Program, through email in order to request assistance in obtaining contact information for the existing *CF!* Programs in California. Fortunately, Rosemary Tisch was able and willing to provide the most recent contact list available, providing contact information for all *CF!* Programs in California. This contact list was emailed to this researcher for the sake of conducting this study. The contact list identified all counties and agencies presently using the *CF!* curriculum, along with each *CF!* Program's contact information and a designated contact person for each *CF!* Program. This researcher then proceeded by making contact with each *CF!* Program through email or telephone, in order to request the participation of each *CF!* Program in this statewide comparative research study.

Participants

After completing initial contact with each *CF!* Program, it was realized that some programs were in the beginning stages of implementation and establishment of their curriculums, thus, rendering these programs ineligible for further participation in this research study. Although there were ten counties identified to have successfully implemented the *CF!* Program

in the state of California, amounting to thirteen programs in all, many had just recently implemented and begun utilization of the *CF!* Program within this last year. In order to obtain the most accurate outcomes and information from each program, as far as participating families, it was necessary for each program to have been established for at least one entire year and have completed two cycles of the *CF!* curriculum. For this reason, four counties and five programs were eliminated as subjects for this research study. In turn, six of the ten counties were selected to act as participants in the research study: Kern County, King County, San Luis Obispo County, Santa Clara County, Sutter County, and Yuba County. From these six counties (60%), eight programs (61.5%) of the thirteen programs were eligible for participation. Fortunately, for the sake of the research study, all eight programs (100%) agreed to participate in this statewide comparative study through the completion of a telephone interview.

Data Collection

Once the researcher confirmed participation from the *CF!* Programs to contribute to this research study, verification of the correct mailing address was received by each participant, in order to mail the Informed Consent Form. Two copies of the Informed Consent Form were mailed to each participant. The researcher requested that one copy of the form be signed and returned to the researcher in the self-addressed envelope provided, and the additional copy be kept for the *CF!* programs' own records. The Informed Consent Form, briefly described the purpose of this research study and provided a description of their participation in a scheduled telephone interview along with the estimated length of time for the telephone interview. The form also highlighted their voluntary participation, which could be withdrawn at any time during the research study. Additionally, the form assured all participants that the telephone interview transcripts would be stored and securely locked away, with access only being allowed to the

researcher. Lastly, confidentiality was addressed, explaining that the names of the participants would only be used in the study in terms of referencing the information received during the telephone interview. In addition, the participants were informed that the identities of their programs would remain anonymous in the research study. The *CF!* Programs would be coded in order to conserve confidentiality.

In addition to confirming the address of each participant, the researcher asked that each *CF!* Program appoint a program representative, who would act as the participant in the study and who would actually complete the telephone interview. Once this individual was selected, the researcher then requested and confirmed this person's contact information, phone number, address, and email address to proceed in scheduling in the telephone interview. The program representative selected as the participant, most often, was the program coordinator or the individual that possessed the most knowledge in regards to the program. It was necessary to receive and confirm the correct contact information for each program representative, as it was needed to schedule a date and time for the telephone interview that would be most convenient for the participant, which was completed after the signed Informed Consent was received from each *CF!* Program, which granted and approved the participation of their *CF!* Program in this research study.

Once informed consent was granted, the researcher then contacted each program by email or telephone to schedule a telephone interview with the selected program representative or *CF!* coordinator. Once a date and time was scheduled to complete the telephone interview, this researcher informed the participant that a copy of the *CF!* Telephone Questionnaire would be sent via emailed before the scheduled time of their telephone interview, for their reference. This was done to assist in guiding the interview, so the participant would be well prepared and to

assure that all of the information requested by the researcher would be available and accurate at the time of the interview.

Information was then obtained through structured telephone interviews with the use of the *CF!* Telephone Questionnaire, which consisted of fifteen open ended questions, pertaining to the *CF!* curriculum that is being utilized and operated by their program. Each question requested detailed and descriptive information in regards to the major aspects of each *CF!* Program and the functions of their *CF!* Program. First, the telephone interviews aimed to gather specific details about the *CF!* Programs (Questions 1, 3-6, 9, and 15), such as, how long the programs has been established, the length of the programs in terms of hours and weeks, the number of facilitators along with their required training and educational backgrounds, the number of families that are accepted into the program along with the number of families that actually complete the program, the arrangement of families for group instruction, and the programs' sources of funding. In addition, the *CF!* Programs were also asked questions about their curriculum, in order to determine if and how their program deviated from the original *CF!* curriculum implemented, (Questions 2, 7, 8, 10, 14), in relation to the goals of their program, topics covered each week in their *CF!* curriculums, dinner as an included portion of the curriculum, activities and tools that were included or altered, and other aspects that made their *CF!* Program unique and different from other *CF!* Programs. Lastly, the third element of the questionnaire, which also intended to find out if the *CF!* Programs included or offered any additional services to the participating families in their program (Questions 11-13), such as financial cost for the program, transportation to and from the program, and an additional court-ordered case plan component included within the *CF!* curriculum, for their program, that would satisfy another court mandate, besides the parenting court-ordered component that *CF!* currently does. Furthermore, additional

details and questions arose during the initial telephone interview concerning the *CF!* Program that should be also be considered in this research study. In turn, this research also became interested in the number of sessions and cycles of *CF!* that were completed each year by each *CF!* program, each *CF!* program's emphasis on nutrition for dinner, the arrangement of families and facilitators during dinner, and if the facilitators' of each *CF!* Program also carry a case load in addition to their responsibilities as a facilitator for the program.

The telephone interviews were scheduled and took place at a convenient time for all the participants. This was done to ensure adequate time, which was necessary to complete each telephone interview without interruptions, and also to collect all the information required to appropriately evaluate the utilizations of the *CF!* curriculum by each program. The participant was then contacted by telephone, at the scheduled time and at the agreed upon telephone number. The participant also had a copy of the *CF!* Telephone Questionnaire at the time of the telephone interview, for their reference, to assist in completing the interview. Some participants actually completed the *CF!* Telephone Questionnaire before the scheduled telephone interview, which proved to provide the most accurate and up to date information in regards to their *CF!* Program. The length of each telephone interview varied, due to the differences in the feedback received by each participant. Some interviewees were very specific and detailed in their descriptions of their *CF!* Programs, while other participants were direct and concise in offering their feedback. As a result, the telephone interviews were anywhere from thirty to ninety minutes in duration, depending on the participants' description and the amount of deviation from the original *CF!* curriculum that actually took place by their *CF!* Program.

Results

Demographic Characteristics

The *number of years* each *CF!* Program has been established indicates that of the eight *CF!* programs, Programs C and F have been implemented for 1 year (25%), Programs A and B for 2 years (25%), Programs E, G and H for 4 years (37.5%), and Program D for five years (12.5%). Thus, the mean of the sample is 2.878 years for the overall *number of years* of establishment for all program (SD=1.55), ranging from 1 to 5 years.

In terms of the *number of sessions/cycles* completed per year by each *CF!* Program, Programs A, B and G completed 2 sessions/cycles per year (37.5%). Programs C and H completed 3 sessions/cycles per year (25%). Program F completed 4 sessions/cycles per year (12.5%), Programs D and E completed 6 sessions/cycles per year (25%). The mean of the *number of sessions/cycles* completed per year is 3.5 sessions/cycles per year by each program (SD=1.69), ranging from 2 to 6 sessions/cycles completed each year.

The *length of program in terms of hours* for each *CF!* Program indicates that Program D is 32.5 hours, 2.5 hrs each week for 13 weeks, (12.5%). Programs A, B, E, and H are 40 hours, 2.5 hours per week for 16 weeks, (50%). Lastly, Programs C, F, and G are 48 hours, 3 hours per week for 16 weeks, (37.5%). The mean for the *length of the program in terms of hours* is 40.06 hours (SD=5.53), ranging from 32.5 to 48 hours.

The *number of facilitators per group* for each *CF!* Program shows that Program C was only *CF!* Program to have 1 facilitator per group (12.5%), while the remainder of the programs, A, B, D, E, F, G, and H, maintain 2 facilitators per group (87.5%). The mean for the number of facilitators per group for all programs is 1.88 facilitators (SD=.35), ranging from 1 to 2 facilitators per group.

The *number of facilitators total* for each *CF!* Program shows that Program C utilized 4 facilitators for the entire program (12.5%). Programs F and G utilize 6 facilitators (25%). Programs D and H utilize 8 facilitators (25%). Program A utilizes 9 facilitators (12.5%). Finally, Programs B and E utilize 11 facilitators total for the entire program (25%). The mean for the *number of facilitators total* used for the *CF!* Program is 7.88 facilitators (SD=2.47), ranging from 4 to 11 facilitators total.

The *number of families accepted* into for each *CF!* Program shows that all programs, for the most part, differ in the amount of families that are accepted. Program A accepted 17 families in their last session (12.5%). Program B and D accepted approximately 14 families (25%). Program C accepted 6 families (12.5%). Program E accepted approximately 12 families (12.5%). Program F accepted about 7 families (12.5%). Program G accepted approximately 20 families (12.5%). Lastly, Program H accepted about 15 families (12.5%) into their *CF!* program. The mean for the *number of families accepted* for all of the *CF!* Programs is 13.13 families (SD=4.73), ranging from 6 to 20 families accepted.

The *number of families that complete* the program for each *CF!* Program shows differing results as well. Program A reported 11 families (12.5%) completing the program. Program B reported fourteen families completing (12.5%). Program C reported 5 families (12.5%) complete their program. Program D reported completing 12 families (12.5%). Program E completed approximately 7 families (12.5%). Program F completed six families (12.5%). Lastly, Program G and H reported completing approximately 13 families (25%). The mean of the number of families completing the *CF!* Program for all programs is 10.13 families (SD=3.56), ranging from 5 to 14 families completing the *CF!* Program.

Table 1. Participant Demographic Characteristics

	n	M	SD	Range
Years of Establishment	8	2.88	1.55	1-5
Number of Sessions/Cycles Completed per Year	8	3.5	1.69	2-6
Length in terms of Hours	8	40.06	5.53	32.5-48
Number of Facilitators per Group	8	1.88	.35	1-2
Number of Facilitators Total	8	7.88	2.47	4-11
Number of Families Accepted	8	13.13	4.73	6-20
Number of Families Completed	8	10.13	3.56	5-14

Dinner included within the curriculum for *CF!* Program, shows that all programs, A-H, provided dinner as a part of their curriculum, (100%, n=8). As for the contents of the dinners served, all programs were asked if a *nutritious dinner* were served to their participants. Programs B and D-H stressed the importance of serving a nutritious dinner to their participants throughout the program, (75%, n=6). On the other hand, Programs A and C indicated their inability in always serving nutritious dinners to their participants, (25%, n=2). The *CF!* programs also reported if participants were *arranged by family for dinner.* Programs A-D and F indicate requiring all participants to sit with their families separately during dinner, (62.5%, n=5). Programs E, G, and H do not have assigned seating nor require that families be divided up and seated separately, (37.5%, n=3). In regards to the *requirement of facilitators sitting with a specific family during dinner*, the *CF!* Programs were shown to be split. Programs B, C, F and H assign a facilitator to be seated with each family for dinner, (50%, n=4). Programs A, D, E, and G do not require their facilitators to sit with a specific family, (50%, n=4).

All programs, A-H, also reported there being no *financial cost* to the participants, (100%, n=8), involved in the *CF!* Program. As for *transportation* being available to the participants of

the *CF!* Program, Programs A, B, C and G provide and assist in coordinating transportation for their participants, (50%, n=4), whereas Programs D, E, F, and H do not provide this additional service to their participants, (50%, n=4).

Sources of *funding* for each *CF!* Program indicates that Programs A and E report their source of funding as the Department of Social Services in their counties, (25%, n=2). Program G, on the other hand, reports a grant being their source of funding, (12.5%, n=1). The remainder of the programs, B, C, D, F, and H, report multiples sources of funding for their programs, (62.5%, n=5), such as agency funding, Department of Social Services, Child Abuse Prevention, Behavioral Health, various community grants and private donations.

The *requirement of facilitators to receive CF! training* differed among the programs. Programs, B,C, E-H required that all of their facilitators complete the *CF!* training, (75%, n=6). Programs A and D, on the other hand, did not require that all of their facilitators complete this training in order to facilitate for their program, (25%, n=2). As for the *required educational background of the facilitators,* Programs B-E and H indicate their facilitators have a Bachelors' Degree, (62.5%, n=5), whereas Program A requires a Masters Degree, (12.5%, n=1), Program F indicate their most of their facilitators have an Associates Degree, (12.5%, n=1), and Program G does require an educational background from their facilitators, (12.5%, n=1). The median for the educational background for the facilitators for all *CF!* Programs is a Bachelors' Degree. Lastly, *CF!* Programs were asked if their *facilitators carried a caseload* in addition to their work with the program. Programs B-G indicated that their facilitators did not carry an additional caseload to the CF! Program, (75%, n=6), but Programs A and H reported, that their facilitators carried a caseload, (25%, n=2).

All programs, A-H, indicated using the same *goals*, (100%, n=8), presented in the original *CF!* curriculum. In addition, all programs showed to maintaining to the original *CF!* curriculum in regards to the *division of participants into their age appropriate groups*, (100%, n=8). As for those *CF!* Programs covering the *same topics each week* as the original *CF!* curriculum, Programs B, C, E-H, (75%, n=6), maintained to the original *CF!* curriculum in this respect to the topics addressed each week. On the other hand, Programs and A and D deviated from the original *CF!* curriculum, (25%, n=2). In terms of *activities/tools being altered or included* to *CF!* curriculum, Programs A, B, and D-G deviated is some way from the original *CF!* curriculum, (75%, n=6). Programs C and H reported to have maintained to the activities in the original *CF!* curriculum, (25%, n=2). As for additional court-ordered service components included into the *CF!* parenting curriculum, Programs B-H reported their *CF!* Program served solely as a parenting class, (87.5%, n=7). Program A was the only program to have included another court ordered service component within their CF! curriculum, (12.5%, n=1).

Table 2. Frequency Distribution of Participant Demographic Characteristics

	n	f	%
Dinner	8		
Yes		8	100
No		0	0
Nutritious Dinner	8		
Yes		6	75
No		2	25
Arranged by Family for Dinner	8		
Yes		5	62.5
No		3	37.5
Facilitator Sit w/Specific Family for Dinner	8		

		4	50
		4	50
Financial Cost	8		
Yes		0	0
No		8	100
Transportation	8		
Yes		4	50
No		4	50
Funding	8		
Dept of Social Services		2	25
Grant		1	12.5
Multiple Sources		5	62.5
CF! Training of Facilitators	8		
Yes		6	75
No		2	25
Educational Background of Facilitators	8		
No Education		1	12.5
AA Degree		1	12.5
BA Degree		5	62.5
Masters Degree		1	12.5
Facilitators Carry a Caseload	8		
Yes		6	75
No		2	25
Goals	8		
Yes		8	100
No		0	0
Division of Participants into Groups	8		
Yes		8	100

No		0	0
Same Topics Each Week	8		
Yes		6	75
No		2	25
Activities/Tools that were Altered or Included	8		
Yes		6	75
No		2	25
Additional Court Ordered Service Component Included	8		
Yes		1	12.5
No		7	87.5

Qualitative Analysis

Goals of CF! Programs & Division of Families into Groups

All programs, A-H, reported to have maintained to the original goals used by the original *CF!* curriculum, which are 1. to break the cycles of chemical dependency and abuse within families 2. to decrease the use of alcohol and drugs and reduce relapse for family members with Substance Abuse (SA) problems, and 3. to improve the rate of, and reduce the amount of time for, family reunification. All programs, A-H, also reported maintaining to the original curriculum in regards to the division of families for their groups meetings: parents, teens (14-18 yrs), preadolescence (11-13 yrs), Early Childhood (4-5yrs, 6-7yrs, and 8-11yrs), and lastly nursery/childcare (0-3yrs). In addition, all programs reported having to combine Early Childhood groups due to children of those ages not being present or the group being too small to run an effective group. Program A indicated losing their daycare room, as a result of budget cuts and the limited space within the facility that is used for their *CF!* Program.

Training/Educational Background/Caseloads of Facilitators

In regards to the educational backgrounds, training and caseloads of the facilitators involved in the *CF!* Programs throughout the State of California, the programs differed in their required qualifications and expectations of their facilitators. Program A indicates that all facilitators, with the exception of one, have a Masters in Social Work. This may be due to the fact that the *CF!* Program is headed by the Intensive Clinical Family Preservation unit, requiring social workers that have their MSWs to work within this unit. In addition, clinical hours are also gained, as a result of facilitating for the program. As for the training completed by the facilitators, the coordinator indicated that although all facilitators are expected to attend all trainings that are mandated by the Department of Social Services, due to Program A existing in a very conservative county, only one facilitator was approved to attend the *CF!* training, as a result of the expense of the three day training. In turn, the chosen facilitator was then responsible for completing one-on-one *CF!* trainings for the entire staff of the *CF!* Program. The coordinator also indicated that due to budget issues or staff shortage, an experienced Human Service Aide has been approved, from time to time, to facilitate one of the children's groups. A Human Service Aide is only required to have forty eight semester units or ninety quarter units of college education along with the Department's required training for this particular county. Program A also reported that their facilitators are required to carry a full case load working with families, outside of their facilitating responsibilities to their *CF!* Program. In addition, they are also required work overtime on *CF!* nights to facilitate for the *CF!* Program.

As for Program B, facilitators consisted of individuals with professional experience in working with families and children, and also Alcohol/Drug counselors for the parents groups, who are in long term recovery from some type of alcohol or substance abuse. The facilitators

with a professional background possessed a Bachelors Degree, which were in education, with the exception of one facilitator being a registered nurse. The coordinator indicated that in order to be a Alcohol/Drug counselor, it was required that these individuals not only be clean and sober, but at least be in the process and working on healing their family relationships for a minimum of five years, in order to appropriately instruct recovering parents participating in the program in doing the same. In addition, the Alcohol/Drug counselors must at least be in the process of receiving their certification, if it was not already completed. All facilitators in Program B received the 2 ½ day *CF!* training from the Qualified National Lead Trainer for the *CF!* Program every year. In addition, the Alcohol/Drug counselors also completed trainings, such as mandated reporting, due to their lack of professional experience in working with children and families. Lastly, the facilitators for Program B do not carry a caseload in addition to facilitating for the *CF!* Program.

As for Program C, the facilitators consisted of a Masters in Family Therapist, a Masters in Family Therapy Intern, an alcohol and drug counselor, a childcare worker, who is responsible for the daycare, and a Licensed Clinical Social Worker, who is the coordinator of their *CF!* Program as well. Every facilitator completed the 2 ½ day *CF!* training. The facilitators for this program also did not carry an additional caseload along with their facilitating responsibility in regards to the *CF!* Program

Program D reported that their facilitators possessed a Bachelors Degree or were in pursuit of a Bachelors Degree. The majority of the facilitators were teachers or were studying to become teachers. Three of the facilitators, including the coordinator were chosen to attend the *CF!* training. The coordinator then completed one-on-one training with the remaining facilitators. Program D's facilitators were solely responsible for the running of the *CF!* Program for their agency, thus, facilitators did not carry an additional case load.

As for Program E, all facilitators have at least a Bachelors Degree in Social Work or Psychology. All facilitators complete the *CF!* training along with training on substance abuse addiction. Program E does not require any on-going training and only expects the *CF!* training to be completed once by each facilitator. Facilitators for this program do not carry a caseload in addition to facilitating for the *CF!* Program.

Program F's facilitators consisted of one with alcohol/substance abuse counselor, a facilitator with probation experience, two have their AA (communications/child development), and one child therapist. All the facilitators also received the *CF!* training. The coordinator also indicated the program's intentions on making the *CF!* training an annual training for all facilitators for their program. Also, the facilitators for this program do not carry additional caseload to their work with the program.

Program G does not have an educational requirement, but typically requires their facilitators to possess knowledge and experience in the drug and alcohol field. Most facilitators are certified or in the process of being certified with the California Association of Alcoholism and Drug Abuse Counselors (CAADAC). Essentially, facilitators are made up of drug/alcohol/dependency counselors, and MSW/MFT interns who are obtaining hours. Just this year, it has been made a requirement by the program that every facilitator receive the *CF!* training. As most of the other programs, facilitators of this program do carry an additional caseload.

Finally, Program H indicates that most of their facilitators have a Bachleors Degree. In addition, some possess their MSW or CAADAK Degrees. Every facilitator must undergo the *CF!* training once. In order to become a facilitator for this program, the individual must already

be currently employed by the agency. As a result, the facilitators volunteer their time to facilitate for the *CF!* Program, in addition, to their regular caseload work they responsible for completing.

Topics of the CF! curriculums

The majority of the *CF!* Programs maintained to the original topics of the *CF!* curriculum, which were Programs B, C, E, F, G and H. However, Programs A and D deviated from the original curriculum. Program A reported a great deal of deviation due to court mandates, facilities utilized, and in order to meet the needs of the clients. The coordinator indicated that as a result of their county's juvenile court system requiring all parenting curriculums to include components of chronic neglect; their program was also forced to include these components in order to be a court approved parenting program for parents involved in CWS. In turn, the curriculum for Program A was altered to satisfy this requirement. In order to include the chronic neglect components the topics for weeks 13, 14, 15 and 16 were adjusted by Program A. The topic for week 13 and 14, which are "Healthy Friendships and Relationships" and "How We Learn" according to the original *CF!* curriculum, were replaced by the topics of "Disciplining Children/Definitions of Abuse & Neglect" and "Disciplining Children (pt.2) & Child Development" by Program A. The coordinator also reports that it was decided to include the additional topics of discipline due to their feeling that it was a need among the participating families in their county. Week 15, "Our Uniqueness", is replaced by "Healthy Friendships and Relationships" and week 16, "Celebration", is replaced by "Domestic Violence". As a result of the "Celebration" being replaced, an additional class is included for the celebration ceremony. This class takes place the evening after the last day of class and is made optional to all the participants. Program A was also faced with the challenge of locating a space to conduct the *CF!* Program. As a result of finding available space at the county's career services center, Program A

was also required to include some type of career services topic within their curriculum in order to use the facility for their program. Thus, “Job Searching & Accessing Resources”, is included in week 10 along with “Goal Setting” to suffice this requirement.

Program D also made some alterations to the arrangements of topics from the original *CF!* curriculum for their program. The coordinator for Program D reported difficulty in maintaining the participant’s interests throughout the program, and felt that most participants were worn-out by the fourteenth week. As a result, Program D decided to shorten the sixteen week curriculum to fourteen weeks. Weeks 5 and 6, which are “Feelings and Defenses” and “Anger Management”, were combined as well as weeks 12 and 13, which are “Healthy Boundaries” and “Healthy Friendships and Relationships”.

Lastly, Program F offers an eight week curriculum once a year in addition to their sixteen week sessions. The eight week curriculum that meets twice a week for three hours is intended for those parents who are court mandated to complete the parenting class. Unlike, Program A and D, the topics are not altered or arranged differently from the original curriculum.

Activities/Tools that were Included or Altered

As far as deviating from the original curriculum to include or alter activities and tools used for the group meetings, all programs but C and H have deviated in some way from the original curriculum in this respect. Program A reported altering and replacing activities of the original curriculum due to the material being outdated, thus, not making the connections and powerful impact necessary for the families having to make life changes. For instance, for week 3, which is “Nutrition”, the group activities and games are replaced by a guest speaker, which is a public health nurse from the Department of Human Services. The coordinator believes that the use of guest speakers more clarity is provided to the families regarding the issues addressed in

class. Program A also believes in the importance in holding all their participants accountable, in turn, requiring parents to complete weekly homework assignments, in addition to their attendance, in order to successfully complete the program. In addition, the coordinator also reports the use of table toppers for parents, which are baskets filled with stress relief mechanisms that the clients can manipulate such as squishy balls, small toys etc. In addition, journals, coloring paper and smelly pens are also included. The coordinator reported an understanding of parents undergoing this process of recovery and their stress level in addressing these sensitive and loaded topics. As a result, table toppers are provided to keep parents' level of stress low and also to maintain their focus and attention. Lastly, Program A requires that their staff and facilitators wear *CF!* t-shirts to be worn on "family nights", so parents and children are able to distinguish staff from participants for questions or concerns.

Program B emphasized the use and the participation of the participating children for the operation their *CF!* program. Children assist with opening and closing unity prayer, distributing goodies and materials to the families, and leading the reading group and changing the group agreement. The coordinator also reported having a birthday celebration once during each session for all children participants. This is done to recognize and acknowledge that all children are special and wonderful.

Program D reports reported the use of a county funded preschool, which is modeled after head start, within their *CF!* Program In addition, there is an onsite specialist who is responsible for completing early assessments of these children to identify their needs or possible delays. Program D also has a library and require that parents check out fifteen books during the length their program, which are to be read to their children, in order to build language development and increase communication between parents and children. Also during the "Communication" lesson,

Program D includes an interviewing and reading activity between parents and children. For the interviewing activity, children are able to ask their parents a certain number of questions that their parents must then answer, again stimulating and encouraging healthy communication. Another activity requires parents to read "Arlow the Clown" to their children, while they are coloring. Parents are then instructed to ask their children twenty questions about their feelings and feelings defenses. This offers a safe place for communication of feelings and also teaches parents how to talk to their children. During the "Chemical Dependency" lessons, Program D no longer uses the Bubble Gum activity, due to the activity not meeting the needs of the group, which is often done with other activities depending on the receptiveness of the group. Lastly, the coordinator reports the use of music as an important supplement used in their program. For example, a song "Hook that Rope" is used during the "Chemical Dependency" lesson. The coordinator reports that families are not only singing along but are also required hooking on to one another to signify that they are a family and as a rope they need to work together.

Program E reported teaching yoga to their preschoolers, which demonstrates to children at a very early age a healthier way of relieving stress.

Program F included a Discovery Challenge Course, which is integrated within their *CF!* curriculum. This activity is a series of games and tasks that groups complete together in order to solve problems, which works to increase self confidence and team building. Program F has also made an addition to their *CF!* Program, offering Parenting & Life Skills workshops. These workshops are optional and available as a resource to their parents. The workshops are offered once a week for six weeks, three hours for each meeting, and addresses topics, such as, Communication, Budgeting, Sexuality, Drugs, and Nutrition.

Finally, Program G reports that the Family Reading Circle activity is done as the last bonding exercise, instead of at the beginning as the original curriculum instructs to do so. In addition, Program G allows parents to check books out from their library to read to their children, which is an optional exercise that their program has made apart of the curriculum.

Dinner

Although all programs reported to have served dinner, the element of nutrition differed, as well as the arrangements of families and facilitators during meal time. In terms what is served for dinner, Program A and C reported finances for dinner always presenting an issue in their counties, thus, being forced to serve packaged and process foods. In addition, preparation time presented an issue as well. The remaining programs, B and D-H, emphasized the significance in serving a nutritious meal, which usually consisted of a main entrée (protein), a side salad (other veggie) and cut up fruit. The original *CF!* curriculum stresses the importance in modeling nutrition, so parents are able to observe what a healthy meal contains in order to serve to their own children, making healthy family dinners apart of their daily lives in the future and after completing the *CF!* Program. As a result of limited finances and time, a nutritious meal is not always possible for all programs to offer to their participants.

In terms of the arrangement of families during mealtimes, Program A-D and F divide their participants by family and seat each family at their own table. On the other hand, Programs E-H allows their families to sit with one another at large tables, but requires that the parents are seated with their children.

As for the placement of facilitators during this time, Program A expects their facilitators to float around the room during this time to engage their families, but the coordinator indicates that this does not always happen and stated possibly assigning facilitators to a specific family in

the future. Programs B, C, F and H assign a facilitator to be seated with each family for dinner. Programs D and E do not require their facilitators to sit with a specific family, but are expected to be mixed in and seated with the families during dinner. Lastly, Program G indicates that their facilitators are not required to be present during dinner time and are actually allowed to use this time to set up their classrooms and discuss any last minute details amongst themselves.

Funding

In regards the sources of funding for the *CF!* programs, Programs A and E report their County's Department of Social Services as their primary source of funding. Program A indicates that although their Department is responsible for financing the cost of the dinners, providing county vehicles for transportation of their participants, and location for their *CF!* Program to meet, the staff and coordinator of this program come out of pocket in order to cover the remainder of supplies and materials that are imperative to the running of their program. In addition, Program E also states the county's Department of Social Services as their primary source of funding, but unfortunately due to budget issues, the *CF!* Program was not approved to receive funding for this fiscal year. As a result, the role of their program has shifted to be involved in the training and implementation of *CF!* sites. Program E has also been responsible for the referral coordination of clients, in directing and enrolling these families to other *CF!* sites.

Program G reports that their primary source of funding is a grant received from the Lucille Packard Foundation. The Lucille Packard Foundation was established by David and Lucille Packard of the Hewlett-Packard Company. The foundation is responsible for establishing the Children, Families and Communities (CFC) Program, which works to guarantee that all children have the opportunity available to them in order to meet their potential (David & Lucille Packard Foundation website).

Programs B, C, D, F, and H, report multiples sources of funding received for the operation of their programs. Programs B indicates funding of their program is received from Child Abuse Prevention of America (CAPA), as well as from their county's Department of Social Services and Behavioral Health. Program C indicates that their *CF!* Program was financially supported through county, state and federal funds, but due to receiving a grant from Safe & Drug Free Schools and Communities, their agency was forced to discontinue their *CF!* Program and implement a similar program, *Strengthening Families Program*. Program D receives funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) Grant. SAMHSA works to improve the quality and accessibility substance abuse prevention, treatment for alcohol and drug addiction treatment, and mental health services (SAMHSA website). Additional funding is also received from the Department of Social Services in their county and Family Prevention. Program F reports that their *CF!* Program also receives funding from CAPA and the Department of Social Services in their county. In addition, First Five Children's Community Service Block Grant also provides financial assistance to the running of Program F. The Community Service Block Grant (CSBG) is a grant that provides funds to States enabling agencies to offer and implement supportive services and activities to assist low-income individuals and families to become self-sufficient (CSBG Website). Lastly, Program H reports that their program is funded through both state and federal funds, private donations and also with the assistance of local grants.

Quantitative Analysis

Hypothesis: Those *CF!* Programs that have been established for a longer amount of time, in terms of the number of years, will most likely produce better outcomes than those *CF!* Programs that have just been recently implemented. Also, those *CF!* Programs that offer

additional facilitators per group and total number overall for their *CF!* Program, and whose facilitators who have a higher educational background will also produce better outcomes for their participants.

Of the data collected from SPSS Pearson and Spearman rho's tests, Table 3 indicates that there was no correlation that was statistically significant between the number of participants that completed the *CF!* Program and the selected variables: Years of Establishment, Number of Sessions/Cycles Completed per Year, Length of *CF!* Program in Terms of Hours, Number of Facilitators per Group, Number of Facilitators Total, and Educational Background of Facilitators.

Table 3. Correlations between the number of participants completed *CF!* program and selected variables.

Variables	*r*	Sig.
Years of Establishment	.520	.187
Number of Sessions/Cycles Completed per Year	-.415	.306
Length of CF! Program in Terms of Hours	-.472	.238
Number of Facilitators per Group	.581	.131
Number of Facilitators Total	.423	.296
Educational Background of Facilitators	-.137	.746

*Correlation is significant at the 0.05 level (2-tailed)

Hypothesis: Those *CF!* Programs offering additional supportive services, such as transportation, no financial cost to participant, additional court ordered service case plan components, such as substance abuse treatment, domestic violence counseling, modifications to the *CF!* curriculum through their activities and topics etc., in families will produce more successful outcomes than those curriculums that do not offer these additional services.

Hypothesis: The *CF!* Programs whose facilitators have completed the *CF!* training prior to facilitating for their program, and who do not carry a caseload, in addition, to facilitating for their *CF!* Program will also produce more effective results in terms of generating a higher number of families/participants completing the *CF!* Program than those *CF!* Programs whose facilitators possess a lower educational background, have no *CF!* training, and who carry a caseload in addition to their work with the *CF!* Program.

Of the data collected from SPSS Independent t-tests and one-way ANOVA, Table 4 indicates there was not a statistically significant difference among those *CF!* Programs for the number of participants who completed the *CF!* Program and those selected variables: Transportation, *CF!* Training of Facilitators, Same Topics Each Week, Arranged by Family for Dinner, Facilitators Seated with Families for Dinner, Activities/Tools Included/Altered, Additional Court-Ordered Components, Nutritious Dinner, Facilitator's have Additional Caseload, and Funding.

Table 4. Differences between number of participants completed *CF!* program and selected variables.

	t	df	Sig.
Transportation	.468	.589	.657
CF! Training of Facilitators	-.468	4.738	.661
Same Topics Each Week	-1.054	5.709	.335
Arranged by Family for Dinner	-.303	4.012	.777
Facilitators Seated with Families for Dinner	-.277	5.381	.792
Activities/tools Included/Altered	.356	1.232	.773
Additional Court-Ordered Components	.244	6	.815

Nutritious Dinner	.856	1.469	.509
Facilitator have Additional Caseload	1.321	5.500	.239
Funding	f	df	Sig.
Between Groups	.349	2	.722
Within Groups		5	

Discussion

From the SPSS analysis, in regards to the correlations tests completed, the number of years the *CF!* Program has been established, the length of *CF!* Program by hours, the educational background of *CF!* facilitators, the number of cycles/sessions per year completed by each *CF!* Program, the number of *CF!* facilitators by group and total for each program did not demonstrate a statistical significant finding in increasing the number of families completing the *CF!* Program. As a result, the length of time a *CF!* Program had been established, how long the participant spent in class, or the educational background of the facilitators did not have an affect or cause an increase in the number of the families to complete the *CF!* Program as originally hypothesized. Thus, these variables did not indicate nor appear to demonstrate a strong relationship in stimulating and encouraging families to complete the *CF!* Program. The SPSS analysis also indicated that there was not a statistically significant difference, in regards to families completing the *CF!* Program, from those *CF!* Programs that made modifications or included additional services to the original *CF!* curriculum from those *CF!* Programs that actually maintained to the original *CF!* curriculums. These modifications and services consisted of alterations of activities or tools, presenting new topics or creating a different arrangement of the topics, including additional court-ordered service components within the *CF!* curriculum, offering transportation to the participants in their program, an emphasis on a nutritious dinner, arrangement of families for dinner and placement of facilitators during dinner, if *CF!* training is required of facilitators, if facilitators carry caseloads, in addition, to their work with the program, and sources of funding for the *CF!* Programs. In turn, the modifications made, the additional services included, the workload and training of *CF!* facilitators, the arrangement of families and placement of *CF!* facilitators during dinner, providing a nutritious dinner, and sources of funding, did not show any

prevailing differences in affecting the number of families to complete the *CF!* Program. As a result, this may indicate that despite these additional services, modifications made, the background of the facilitators, arrangements of dinner, and funding, these variables did not appear to make a difference in the number of families to complete the *CF!* Program. Essentially, the suggestion being made is that the basic framework of the *CF!* curriculum is proving to be successful in spite of these adjustments, deviations, specifications of the facilitators, etc, further insinuation that the curriculum continues to be successful and the number of families to complete the *CF!* Program are unaffected by these particular variable.

Despite the lack of significant findings from the data analysis done in this research study, the limited but informative research available does indicate that the *CF!* Curriculum is, indeed, an effective parenting intervention. For instance, in Quittan's (2004) program evaluation of the Family Treatment Drug Court (FTDC) and the *CF!* Program in Santa Clara County, results indicated that the *CF!* Program had a 73% reunification rates, whereas traditional child welfare case plans had 37% reunification rates. In addition, families participating in the *CF!* Program reunified within 6 to 12 months with their children, whereas those families in FTDC reunified within 13 to 18 months. Also, the survey results showed that *CF!* proved to be effective in offering a positive influence in strengthening family relationships and in raising the parents' awareness in regards to the effects of chemical dependency. Lum (2008) also completed a study of the *CF!* Program's effectiveness in increasing family strengths and resiliency for the participating families. The study's results indicated that after the completion of the *CF!* Program, participants' positive perceptions of family resilience existed in *making meaning of adversity*, *positive outlook*, *connectedness*, *social and economic resources*, and *collaborative problem solving*. In addition, the qualitative research found that similar perceptions in supporting

strengths and barriers to the development of family resiliency. Lastly, in a Fiscal Year Report to the Child Abuse Program by Prevention Partnership International (2007), evaluating two *CF!* sites in Santa Clara County, EMQ and ARH Parisi-House on the Hill, found successful results with their participants as well. The report showed that 94% of parents reported increasing their knowledge in regards to parenting skills, parenting supervision, parent efficacy, and parenting confidence, which was validated by their facilitator. Also, 99% of parents reported to have had an improved positive engagement with their children. In terms of recurring child abuse, of the 97 families that participated in the *Celebrating Families!* Program, only one participating family was reported for suspected child abuse. Overall, on the basis of improved family strengths and resiliency, 59% of participants demonstrated improved positive engagement with their children, 68% reported improved quality of time spent with their children, and 81% reported having a family meal once a week. The low outcome percentages may very well be due to the mothers participating in the *CF!* site at House on the Hill, as a result, of this site being an in-patient residential treatment center. Thus, not all of these mothers are full time caretakers of their children while residing in the facility.

From the above research, the *CF!* Program effectiveness with families is validated, especially due to the findings a study completed by Barth et.al (2005) indicating that parents who are involved with the child welfare system and who start a parenting program show an 80% dropout rate. Overall, the *CF!* Programs that have participated in this research study have shown far more success with their participating families. Program A, from their most recent cycle of *CF!,* show 79% of their families completed program successfully. Program B indicated that 100% of their families completed the last session of *CF!.* Program C, which only operated for one year from 2005-2006, reported that 83% of their families completed the *CF!* Program in the

Fall of 2006. Program D reported that approximately 71% of their families completed the *CF!* Program. Program E also offered an approximation of about 58% of families to complete their *CF!* Program. Program F also showed a high success rate of 86% of families to complete their *CF!* Program. Program G provided an estimate of a 65% completion rate, as well, Program H, indicating about 87% of families to complete their *CF!* Program. From this alone, regardless of their differences, all *CF!* Programs have proven to be effective in maintaining the majority of their participants' attendance throughout the program, until its completion, even more so than, the parenting programs currently being utilized by those parents undergoing the child welfare system.

Through the completion of this research study, it was also discovered that certain elements of the original *CF!* curriculum remained in tact and left unchanged for all of the *CF!* Programs participating in this research study. These elements consisted of the original *CF!* curriculum's goals, dinner being provided to the participants, dinner taking place before the families were broken up into their groups, children and parents being required to sit with one another during dinnertime, the arrangement of age groups, the same material or topic for any specific night was taught to all age groups, there was no financial cost to the participants, and the beginning and closing activities were all maintained for all participating *CF!* Programs. In turn, it is possible that these elements alone may play a crucial and vital role in the successful outcomes, which account for the number of families actually completing the *CF!* Program. In addition, it is also possible that these elements make up the basic framework of the original *CF!* curriculum that allows this parenting curriculum to be effective and successful in working with families.

From this process, it was also determined that in spite of the majority of the *CF!* Programs making minor alterations or additions to the original *CF!* curriculum, for the most part

all *CF!* Programs adhered to and followed the basic elements of *CF!* curriculum. Although Program A appeared to be the program to make the most modifications to the original *CF!* curriculum, due to court mandates, budget issues, and acquiring a space to operate their program, these revisions did not seem to affect the program negatively. In fact, Program A produced similar outcomes, in terms of the number of families to complete their *CF!* Program, as those *CF!* Programs that strictly followed the original *CF!* curriculum. As indicated earlier, Program A, as all *CF!* Programs have, maintained to the significant elements of the *CF!* curriculum, such as the goals, providing dinner, the arrangement of groups etc. Another point to make for those *CF!* Programs that did indicate making eliminations, adjustments, and/or additions to certain aspects of the original *CF!* curriculum, is that these programs reported doing so in order to meet the needs of their participants and to ensure that the topics and messages for any particular day were properly received. Some coordinators also indicated that the time spent with their participants in class is time limited, so it is extremely important to use tools, activities and discussion wisely, to avoid wasting time as there will not be another opportunity to revisit this material in the future, which could be lost to the participant if the facilitator is not able to ensure reception of the subject matter. Thus, another fundamental element that arose from this research study was the importance in catering to the learning needs of the participants in order to make the most impactful learning experience for the participating families that are undergoing the *CF!* Program.

Furthermore, this research study also raised the issue of funding for the participating *CF!* Programs. Funding is of utmost importance in the ability of the *CF!* Programs to adequately operate and to be offered to participating families at no cost. In addition, funding is also required to train and obtain experienced staff, provide dinners, in some cases transportation to

participants, and materials and supplies that are necessary for the operation of the *CF!* Program. Program A reported only receiving financial support from their county for food, transportation, and the location of their *CF!* Program. In terms of *CF!* training, supplies and materials that are essential to the operation of their program, Program A's staff was forced to either go without or pay from their own finances. Although, Program A's county did pay for one facilitator to attend the 2 ½ day *CF!* training, there are eight other facilitators that did not receive this training. Similarly, Program C experienced funding issues. Program C expressed their enjoyment in conducting the *CF!* Program in their county, but indicated only operating the program for one year, as a result, of receiving a grant from Safe & Drug Free Schools and Communities to operate another parenting curriculum. In receiving this grant, the agency was forced to discontinue their *CF!* Program and implement a somewhat similar parenting program, *Strengthening Families Program* (SFP). SFP is a 14 week program that is an evidence-based family skills training program that has proven to reduce at-risk behaviors, delinquency, alcohol and drug abuse in children and to develop better social competencies and school performance. Lastly, SFP has also shown to decrease child maltreatment due to parents reinforce their bonds with their children and learn more valuable parenting skills (Strengthening Families Program Website). The coordinator also expressed their preference of *CF!* over SFP, and found *CF!* to be more effective with families than SFP is proving to be, but it was decided that due to their county's budget and financial issues that the *CF!* Program had to be replaced. In turn, the grant received enabled their agency to continue their work with families, but through the SFP. Lastly, Program E indicates that the county in which their *CF!* Program operates, is their primary source of funding. Unfortunately, due to funding and financial issues in this county, the *CF!* Program was not approved to receive funding for this fiscal year. As a result, the agency is no longer

offering six cycles of the *CF!* Program, as it had in the past, to the families in their area, which is sure to prove a great loss for this county. In turn, the role of their *CF!* Program has shifted, as the coordinator indicated, to be more involved in the training and development of other *CF!* sites throughout the state of California and to further strengthen the already established *CF!* Programs. In addition, Program E also continues to be involved and responsible for referral coordination of clients to other *CF!* sites, to ensure families are being referred to the appropriate *CF!* site in their area.

A major strength in conducting this research study was the willingness and motivation of the participating *CF!* Programs in contributing their time and feedback involved in the completion of this study. As stated earlier, there are thirteen existing *CF!* Programs in the state of California. Although, all programs had expressed interest in participating in the study, those *CF!* Programs being recently implemented were not selected to participate, as a result of not having an adequate amount of information regarding the operation and outcomes for their participating families. In turn, only those *CF!* Programs that have been successfully established for at least one full year and have completed at least two cycles of the *CF!* curriculum were requested to participate. In spite of this issue, this researcher was still able to attain agreement from all eight *CF!* Programs that have been established for one full year to participate in this research study. Thus, providing the most recent information available in regards to the current status and conditions of the *CF!* Program operating in the state of California. In addition, the assistance and guidance from Rosemary Tisch was essential in the initiating and locating the participants in this study.

In completing this research study, this researcher encountered many limitations which led to difficulties in effectively conducting this research study. First of all, due to the recent

implementation of the *CF!* curriculum in California, as the first programs were established in 2005, did not allow for a large sample population. At this time, there are thirteen *CF!* Programs, but five of these programs were just instituted this last spring, thus, rendering these *CF!* Programs ineligible for participation in this research study and leaving only eight *CF!* Programs that would be eligible for participation. As a result of having such a small sample population, the research findings were affected, which may have caused the outcomes of the data analysis to be skewed, resulting in no statistically significant findings being identified as a result of completing this study.

In addition to the researcher's inability to provide statistically significant findings, this research study was also unable to provide valid documentation of outcomes as evidence of effectiveness for each *CF!* Program in terms of increasing family reunification rates and decreasing recidivism rates among those families involved in the child welfare system. This is also accounted to the recent initiation of the *CF!* curriculum and the majority of the *CF!* Programs only being established for two years or less. Unfortunately, proper evaluations of the *CF!* Programs have not been completed for all *CF!* Programs to indicate if these programs are actually an effective intervention in the long term for those participating families who have successfully completed the *CF!* Program. Another factor which may account for missing and unavailable long term outcomes measuring the effectiveness of the *CF!* Programs, is that all *CF!* Programs are not directly serving families involved in the child welfare system. Consequently, these *CF!* Programs may not be as concerned as other *CF!* Program are, in determining their outcomes for their participants or the significance in doing so. As a result, this information is not available in this research study, in turn; only allowing this researcher to use short term outcome measurements in evaluating the effectiveness of each *CF!* Programs. Thus, the success of *CF!*

Programs were based on the number of families completing the program out of those families accepted, on average, for each *CF!* Program. Therefore, the most accurate information was not used in this study and did indicate if the *CF!* Program had an impactful affect on families after completing the program, but it served to be an outcome that could be used for this study as it was available for all participating *CF!* Programs.

Lastly, in contacting the participants in this research study, extraneous variables may have posed a threat as data collection was not held constant in making contact with all participants. Both email and telephone forms of contact were utilized in initiating contact, scheduling the telephone interviews, and acquiring additional information in regards to their *CF!* Program. Also, in choosing to complete telephone interviews with the coordinators of each *CF!* Program, this researcher could not control for the high variances among the responses of the participants. Although all *CF!* coordinators received the same *CF! Telephone Questionnaire,* which served to guide the interview process and direct their responses, some coordinators were much more detailed and descriptive about their *CF!* Programs, services offered, and modifications made to their *CF!* curriculum than other participants were. These coordinators also seemed to offer a better understanding of the *CF!* curriculum in general, a clearer perspective of the layout and function of their *CF!* program. On the other hand, some *CF!* coordinators kept strictly to the questionnaire, maintaining a direct and straightforward interview, and providing only the information that was requested of them. This may have been caused by several reasons, due to the participants having limited time to complete the telephone interview as it took place during business hours, the lack of background knowledge or experience with the *CF!* Program that the coordinator actually possessed, or the amount of passion or interest the coordinator maintained for the *CF!* Program. In turn, the information received by this researcher from each

participant differed in the amount of information, description and accuracy, which posed various problems in completing this statewide comparative study of the *CF!* Programs. In addition, this researcher could not control for the occurrence of a social desirability bias among the participants. A social desirability bias would indicate the likelihood of respondents to highlight the positive aspects of their *CF!* Programs, leaving out those negative or troublesome aspects of their program, in order to be perceived in a favorable manner by this researcher.

Implications

As a result of completing this research study, a scarcity of research was illustrated in regards to the effectiveness *CF!* Programs, especially in terms of family reunification rates and recidivism rates of families involved in the child welfare system. Thus, a need for effective evaluation is highlighted for all *CF!* Programs and the effectiveness of the *CF!* curriculum in working with child welfare families. Although, the *CF!* Program is proving to be successful as far as the amount of families completing the actual *CF!* Program, there is a lack and insufficient amount of research to validate that the *CF!* curriculum is actually increasing family reunification rates and decreasing recidivism rates for those participating families throughout the state of California. Thus, there are many counties and Departments of Social Services that have not yet considered the *CF!* curriculum for implementation in their areas. In addition, *CF!* Programs have demonstrated, across the board, difficulty in obtaining stable funding from the state and federal governments, forcing these *CF!* Programs to search for outside assistance, such as private grants, local and community donations, in order to ensure the continued operation of their *CF!* Program. While there is great potential for this parenting program to receive an abundant amount of funding from available sources, additional grants and financial support cannot be accessed until the *CF!* Programs are able to demonstrate that this intervention is indeed effective and cost effective in increasing family reunification and lowering recidivism rates of families returning to the child welfare system. Another barrier in gaining necessary funds, is that the *CF!* curriculum is perceived to be a preventative measure in improving the parenting and healthy living skills of high risk families, which may also account for the difficulty in obtaining adequate funding. In turn, it imperative to illustrate and emphasize the significance and importance in providing a strong foundation of researched evidence supporting the effectiveness of the *CF!* Program with

high risk families, in order to be taken seriously and implemented within the child welfare system.

Recommendations

From completing this research study, it became evident that some of the *CF!* sites were well connected with Rosemary Tisch and the remainder of *CF!* training staff, while other sites were not. Those *CF!* sites that appeared to be somewhat isolated may have found the additional guidance and support to be useful and beneficial in their utilization of the *CF!* Program, specifically in gaining direction in locating and requesting funding and making adjustments to the *CF!* curriculum. In turn, it is recommended that a *CF!* Mentor Program be created and remain constant for all *CF!* Programs. As a result, each *CF!* site would be given an advisor or contact person, possibly an individual from the *CF!* training staff, who would assist their selected *CF!* site with implementation, development and use of the *CF!* curriculum. In addition, this advisor would also be accessible for any questions or issues that may arise from this process and would ensure each *CF!* site's further stabilization. Although it is understood that the *CF!* training staff is extremely busy, this type of mentor program would be most effective if the *CF!* advisor is responsible for initiating and maintaining on-going contact with their selected *CF!* site to begin building rapport and a relationship with each *CF!* site to ensure their smooth transition and in preventing the *CF!* site from becoming isolated and estranged from the remaining *CF!* Programs.

Also, in relation to those *CF!* sites that have deviated and adjusted the *CF!* curriculum for their *CF!* Programs, it is believed that a meeting between the coordinators and staff from each *CF!* site would also be helpful. In beginning this research study and initiating contact with Rosemary Tisch, the need of a conference with all *CF!* sites was expressed and discussed. Rosemary Tisch acknowledged and sparked the idea of a *CF!* conference, which would be done in order for the *CF!* curriculum to continue to evolve and grow. This meeting would allow for all *CF!* Programs to come together in order to discuss the performances of their *CF!* Programs, the

challenges and problems they have encountered, and hopefully be able to offer feedback, new ideas and techniques in working with families to one another. So not only would each *CF!* site be supported by the *CF!* training staff, but each site would also act as a source of support and guidance to one another. In turn, encouraging continued passion, innovation and motivation for the staff of each *CF!* site in working with families.

Finally, this study has identified a great deficiency in the amount of literature available and research that has been completed to adequately support that the *CF!* Program, is indeed, an effective parenting intervention with those families undergoing the child welfare system. As a result, locating sufficient funding for the implementation and administration of the *CF!* Programs has proven to be difficult, as well as gaining encouragement and assistance from the child welfare system. In turn, this lack of financial support and cooperation from the child welfare system has created a barrier for the *CF!* Program to be properly executed within the child welfare system, undermining the *CF!* Programs' ability to perform to their fullest potential in supporting families affected by alcohol and substance abuse to successfully reunify, exiting the system, and preventing their future re-entries. Gunning et.al (2005) discusses the difficulty in implementing evidence-based parenting programs within the child welfare system in his review of twenty evidence-based parenting interventions that are court mandated and offered to the general child welfare population. Barth et.al (2005) further indicates that although there are some hopeful endeavors in implementing evidence-based parenting interventions within the child welfare system, there is a lack of acceptance and welcoming attitude from the general child welfare population, due to these type of parenting programs requiring more resources and time than child welfare agencies are able to provide or give to intensive programs such as these.

So in order to stimulate the further implementation and development of the *CF!* Program it is essential for all *CF!* Programs to utilize the same, uniform tools of evaluation that are most useful in accurately assessing the efficiency of the *CF!* Program in increasing family reunification and recidivism rates of families involved in the child welfare system. As a result of Prevention Partnership International (PPI) managing the *CF!* curriculum and responsible for the providing *CF!* training and support for all CF! sites, it is suggested that PPI also be responsible for selecting the most effective evaluation tool, ensuring that all *CF!* Programs are utilizing it, and then collecting the data, which will also be analyzed and processed by PPI. Although, PPI is currently doing this with *CF!* sites in Santa Clara County, it is unfortunately, not being done with all *CF!* sites as it should to provide the best and most up to date outcomes for all *CF!* Programs. In turn, this information may prove to be helpful in gaining additional funding to further develop the *CF!* Program throughout the state of California and to provide additional *CF!* training to those counties and programs that are lacking financial assistance in receiving it. In addition, the results of the evaluations of each *CF!* site should be distributed to each program, enabling each site to access additional funding for their own *CF!* Program , but to also demonstrate the significance of this parenting intervention serving the families in their area, especially those at risk families involved in the child welfare system. Consequently, proving the *CF!* Program to be an a valuable asset and cost effective intervention essential for the success of these at risk families, leading to a permanent aspect of the child welfare system and fully supported through federal and state funding.

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Appendix A

Celebrating Families! Telephone Questionnaire

1. When was your program established?

2. What are the goals of the CF! program in your county?

2. What is the length of the CF! program? (in terms of weeks and number of hours per week)

3. How many facilitators are involved in the CF! program?

4. What training/educational background are CF! Facilitators required to have? Is there continuous training required? If so, what type of training and how long?

5. How many families are accepted into the CF! program per session (full length of program)? How many complete the program?

6. What topics are covered each week? (Overview of curriculum)

7. Is dinner a part of the curriculum?

8. How are families arranged for classes? Are the families grouped in any specific way? If so, please explain the reasoning for this.

9. What activities and tools have you altered or included to the original CF! curriculum?

10. Is there a financial cost to the participants in the CF! program? If so, how much? Please explain the reasoning for this?

11. Is transportation available to all participants for the CF! program?

12. Are there any other court-ordered counseling components included in the CF! curriculum? If so, please list? (e.g., Domestic Violence, Anger Management, Substance Abuse Treatment etc.)

13. Are there any other aspects of the CF! program in your county that are unique and different from other CF! programs?

14. Where have you located funding to support the program? (Agency general funds, Dept. of Social Services, Dept. of Alcohol & Drug Services, Child Abuse Prevention funding, others)

Appendix B

Informed Consent Form

Purpose: This following research study will evaluate differences and similarities between the various *Celebrating Families!* curriculums offered within the counties to better understand why some counties are more effective than others. In turn, this may potentially be beneficial for the further growth and development of the newly implemented *CF!* Program in Kern County. In addition to identifying the strengths and successes of the curriculum used in Kern County, suggestions may also arise from successful examples of differing curriculums. This information will assist in strengthening the existing *CF!* Program in providing more effective services to families involved in the child welfare system throughout the state.

Description of Participation: As a participant, you will complete an interview over the telephone. This telephone interview will consist of questions pertaining to the CF! program implemented and utilized in your county. The phone interview will not be tape recorded, but notes will be taken in order to gain an accurate description of your *CF!* program.

Time Involved: The telephone interview takes approximately 30-45 minutes to complete.

Emphasis on Voluntary Participation: Your participation in this study is voluntary. If at any time you wish not to participate in this study, simply let the researcher know. You may choose to decline your participation and withdraw from the study at any time, for any reason, with no penalty.

Uses of Data: The data collected through your participation will be presented to The California State University, Bakersfield as a Masters in Social Work research project. In addition, the data collected will also be offered to the Kern County Department of Human Services as a resource for their existing curriculum of the *CF!* program. A master copy of all participant names, Informed Consent forms and the interview transcripts will be kept in a locked file cabinet, in which Prof. Jong Choi and I will only have access to. The list of participants' names will be destroyed after the completion of this study. The interview transcripts, without identifiers, and this signed consent form will be destroyed three years after the completion of this study.

Confidentiality: Your identity and title will only be used as a form of reference to the information gained from the telephone interview regarding the CF! curriculum.The identity of your county will remain confidential as code names will be used in the conduction and writing of this research study. No other identifying or personal information will be used for the means of this study.

If you have any questions about this research study please contact:

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