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Family Skills Training Programs for Family Drug Court

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Value Statement

The societal burden of child abuse is exorbitant and it is of vital importance to find effective interventions for family drug courts to prevent its recurrence. Family skills training programs result in decreased child abuse, decreased time children spend in foster care, substance abuse intervention for parents and prevention of additional cycles of addiction for children.

Abstract

Family Drug Courts (FDC's) operate as alternatives to traditional drug courts in that they work to balance the rights and needs of both parents and children when the adults are affected by substance use disorders (SUD's*).* Much has been written on best practices of drug courts that are focused on the adult or juvenile client. Alternatively, Family Drug Courts (FDC's) focus on the whole family. Approximately 12.3% of children live with at least one parent who is dependent on alcohol or needs treatment for drug abuse (Lipari and Struther, 2017). A model family-skills training program illustrates an FDC intervention. The program engages all family members in learning healthy living skills, addressing child maltreatment, family violence and SUD's. Simply put, the goals of both FDC's and Family skills training programs are to reduce child maltreatment by treating the parents' SUD, and by keeping families together. Although there is an urgent need, only just over half of FDC's provide family-based services (Children and Family Futures, 2016). The purpose of this article is to describe an effective family skills training program for family drug court and child welfare practitioners that will meet the need for family-centered interventions.

Keywords/Concepts

Family drug court intervention
Substance use disorder
Family training programs
Child abuse

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Family reunification

Introduction

Family drug courts (FDC's) are specialized courts within the justice system which handle cases of child abuse and neglect that involve substance use by a child's caregivers (Brook, Akin, Lloyd & Yan, 2015). These courts are also called family treatment courts, family treatment drug courts (FTDC's), or family dependency treatment courts. FDC's operate as alternatives to traditional dependency courts because they work to balance the rights and needs of both parents and children. FDC's were created to help keep families together and to address the poor outcomes of family reunification programs that left many children in foster care instead of being raised in stable, permanent homes. The overall goals of FDC's are to reduce child maltreatment by treating parents' underlying substance use disorders (SUD's) and by reunifying families. FDC's were developed by communities in the mid-1990's to respond to the estimated high percentage (60-80 percent) of substantiated child abuse and neglect cases that involved substance use by caregivers (Children and Family Futures, 2016). Within the child welfare system, parents with SUD's are least likely to successfully reunify with their children. In addition, their children often stay in the foster care system longer (Gregoire and Schultz, 2001). FDC's have been shown to produce positive outcomes, including: (1) significantly higher rates of parental participation in substance treatment; (2) longer stays in treatment; (3) higher rates of family reunifications; (4) less time spent in foster care for children; and (5) less recurrence of maltreatment (Boles, Young, Moore and DiPierro-Beard, 2007; Green, Rockhill & Furrer, 2007). Furthermore, efforts that focused services on children demonstrated improved family bonding and attachment, as well as improved school outcomes (Lieberman, Ghosh Ippen, and Van Horn, 2006; National Scientific Council on the Developing Child, 2007). Clearly, a family affected by SUD in a parent is a family that needs intense intervention to break the cycle of addiction. Family centered

intervention has been shown to be superior to intervention centered only on the individual with the addiction. Addiction often runs in families, from generation to generation, the adult addict being the child or grandchild of an addict. Federally published guidelines suggest that to meet the needs of parents and their children, FDC's should bring together substance abuse treatment providers with mental health, social service, and other family-serving agencies to meet the needs of parents and their children (Children and Family Futures, 2015).

However, in a 2010 needs assessment, Children and Family Futures found that although "services to children" was one of the most urgent technical assistance needs of FDC's, just over half (55.8%) indicated that they provided family-centered treatment or family-based services. And, just 51.2% indicated that they provide children's services (Rodi, Killian, Breitenbucher, Young, Amatetti, Bermejo and Hall, 2015). Subsequently, efforts to meet the needs of families impacted by SUD's have produced a number of family-centered programs. Following is an overview of family centered programs. Described is a model family skills intervention program including topics covered, logistics, limitations, and costs of the program weighed against societal costs when children are put into foster care instead of being part of a stable home of origin. FDC and child welfare practitioners may find it to be a valuable intervention worth inclusion in such programs for their FDC.

Family centered programs

In 2015, Rodi and colleagues undertook an analysis of targeted interventions in twelve diverse FDC's across six states that received federal grants. Results indicate that "comprehensively addressing families' needs is associated with better outcomes than those experienced by similarly situated families in grantees' communities and the nation overall" (p.205).

Family-centered programs are categorized as parent education programs and family skills training programs. Family skills training programs differ from parent education programs in that they focus on developing behavior change and life skills for parents and children, whereas parent education programs have a didactic information presentation. For example, in a research review (Spoth, Redmond, Treadeu and Shin, 2002) concluded that the most effective family skills training programs: (1) include active parental involvement, and parenting skills, (2) focus on the development of social skills and responsibility among children and adolescents, and (3) specifically address issues related to substance abuse. Effective programs also involve youth in family activities and strengthen family bonds in practice sessions. Thus, a typical session will see parents and children attending their own training groups and, at the end, coming together as a whole family for a family activity (Scheier, Botvin, Diaz & Griffin, 1999; Spoth, Redmond, Shin & Azevedo, 2004, Spoth, Guyull & Day, 2002).

Parent education programs are often shorter in duration (less than eight hours in total), whereas family skills training programs typically consist of a minimum of four to eight sessions of two to three hours each. Moreover, parent education programs have not been found to be as effective as family skills training programs (Stomshak, Dishion, Light & Yasui, 2005; Webster-Stratton, Reid & Hammond, 2001; UNODC, 2009). Fisher and Harrison (2013) state that prevention efforts that solely offered information "did increase knowledge of participants but had no effect on attitudes and drug use" (p.321).

A model family-skills program

Celebrating Families!™ (*CF!)* (Tisch & Sibley, 2004) was created at the request of Judge Leonard Edwards II, Supervising Judge of the Santa Clara County, California, Juvenile Dependency Court. It was developed for families in that drug court and other FDC's, where

one or both parents had a serious problem with SUD's and domestic violence, child abuse and neglect were present. It was created to prevent children's future addiction, facilitate parents' recovery from substance abuse; and help with re-unification of families legally separated as a result of substance and child abuse. This was a big undertaking. It required addressing the needs of the whole family and so, by definition, it was family-centered. The underlying philosophy of *CF!* is to reduce risk factors known to contribute to the generational cycle of addiction and child abuse and to increase protective factors (resilience) in all participants' lives. As the program was subjected to numerous formative evaluations, it became more than a family-centered parent education program. It fit the definition of family skills training program. The model was piloted in Santa Clara County as part of a series of services funded by a SAMHSA (Substance Abuse & Mental Health Services Administration) grant in 1998. Since then, the manualized program has grown to over 100 sites in the United States and Canada as an effective alternative to placing children in foster care and preventing the cycle of addiction. It has been replicated in multiple settings, including schools, community-based sites, dependency drug courts, behavioral health and child welfare organizations, and substance treatment facilities. Activities are multi-modal, recognizing that many participants have cognitive deficits. *Celebrating Families!*™ is one of only a few programs listed on the Substance Abuse and Mental Health Services Agency's National Registry of Evidence Based Programs & Practices (NREPP, 2014) that engages all family members from infancy to adult in learning healthy living skills while addressing child maltreatment, family violence, and addiction/recovery issues. *CF!* is also listed on the California Evidence Based Clearinghouse for Child Welfare.

[Insert Figure 1 Logic Model about here]

The Logic Model in Figure 1 documents short-term and long-term goals which coincide with the goals of FDC's. Consisting of sixteen sessions, each session begins with a healthy meal eaten in family groups with group leaders followed by 90-minute, age-appropriate groups (parents and caregivers, children birth-17) and ends with a 30-minute structured, related family activity.

Families with infants/toddlers attend a Family Time focused on interaction with their young children for 30 minutes before the meal.

The curriculum includes information on brain chemistry, addiction, life skills, resilience and asset development. It directly addresses issues of addiction in every session and incorporates recovery principles to anchor families in recovery and help children better understand addiction; anger management; problem solving and decision making; family/domestic violence; refusal skills; goal setting; affirmations; learning disabilities and in-utero exposure, including fetal alcohol spectrum disorders (FASD); and limit and boundary setting.

Logistics

Uplift Family Services' Addiction Prevention (APS) in San Jose (Santa Clara County), CA has provided over 25 cycles of *Celebrating Families!*™ since 2007 for families referred from Dependency Drug courts. The procedure is presented here as a model that has been successful after many evaluations. Participants include the parent or parents and child or children in the Dependency Drug Court, other children in the family; and other significant children's caregivers (mother/father, step-mother/father, foster parent, grandparents or other relatives). All family members are welcomed, as the program's goal is for the family system to become healthy by learning healthy living skills, thereby, increasing the protective factors and deceasing risk factors for children. Unrelated visitors, including social workers and probation officers, are

allowed only for session 16- graduation. Generally, the adults served by Addiction Prevention Services (APS) are between the ages of 20-25, Hispanic, with 2.3/children. (Groups are offered in English and Spanish.) Average attendance was 87% for the 16 weeks with an attrition rate of 10-15%, mostly due to homelessness. Referring court social workers were trained by the APS Program Director in program components and outcomes, appropriate referrals and how to enroll families. The process is:

1. The judge recommends the program to the person before him or her and encourages it as a consideration for family reunification. Several facilitators emphasized the importance of the judge at this stage. A judge who gives at least a few minutes to the individual, asking about that person's life challenges while showing a caring attitude is vitally important.
2. The court's social worker makes the program referral. The referral consists of a confidential e-mail to the program with the family's contact information, number and ages of children, and information on domestic/family violence. (No information on substance use is included.)
3. The program facilitator makes two contacts to the family: a letter and a call. The social worker is also alerted when the next *CF!* series will be offered. (In Santa Clara County, this is every two months.)
4. Families come an hour early on the first night in order to meet staff, complete an intake and review participation agreements, both verbally and in writing. Agreements include:
    a. consent for data to be included in evaluations (without identifying information)
    b. understanding that no more than three absences are allowed for graduation
    c. acknowledgement that children will not be released to anyone under the influence and anyone under the influence of alcohol or other drugs will be asked to leave the session. The family is encouraged to remain and the individual may return the following session.
5. Court social workers receive confidential e-mails weekly with attendance. At the conclusion of the series, they receive group leaders' observations and recommendations for the family, participants' evaluation forms, including program satisfaction.

Anecdotally, those clients whose children do not live with them at the time, are homeless or who have transportation problems may be most at risk for not completing the program. Those who are likely to lose custody of their children if they do not complete the program are highly motivated to attend and participate.

Studies of success with limitations

The ability to link a specific component to a positive or negative outcome in the context of FDC remains challenging. There are several methodological limitations such as a lack of rigorous study designs, small sample sizes, absence of comparison groups or use of inappropriate comparison groups, inclusion of only program graduates in the outcome data, and lack of appropriate statistical controls when calculating results (Brook, et al. 2015; Gifford, Eldred, Vernerey and Sloan, 2014). The following is an attempt to gather the evidence for the inclusion of family-skill based programs, such as *CF!* in FDC's.

In 2007, the LutraGroup conducted a direct comparison of *CF!* to another family-centered program, Strengthening Families (Kumpfer, 2009). The results indicated that *CF!* had a significant impact on family organization, positive parenting, and drug use reduction with medium effect sizes from .15-to .70. They also found that *CF!* significantly impacted positive parent involvement, supervision of children, efficacy and positive parenting style with effect sizes from .18-.60. The result was that *CF!* is listed on SAMHSA's National Registry of Evidence Programs and Practices where *CF!* is specifically listed as a Best Practice for Drug Courts.

Results of other independent efficacy studies have shown that *CF!* doubled the rate of reunification, while decreasing time for reunification for families in Dependency Drug Court (Quittan, 2004). Brook, et al. (2015) evaluated reunification outcomes for children and families

who participated in an FDC that incorporated the use of two evidence-based parenting programs: Strengthening Families (Kumpfer, 2009) and *Celebrating Families!* in a sequential format with a sample of 241 children whose child welfare cases were adjudicated through the FDC and 418 matched comparison cases. Within a 45 month period, they found that families receiving these FDC family-centered services were more than twice as likely to reunify.

Brook and colleagues (2015) also found significantly increased positive growth for youth in knowledge and use of resources, coping skills, and ability to stay out of trouble. Jrapko, Ward, Hazelton, and Foster, (2003) reported that *CF!* changed adult behavior. For example, during the preceding 30 days recovering clients had not used alcohol or other illegal drugs and 74% had not used tobacco. Coleman, (2006) studied results of the manualized program in English and Spanish and found it to be as effective in Hispanic communities (*¡Celebrando Familias!)* as the English version is with English speakers (Sparks, Tisch and Gardener 2013). All evaluation studies are available on-line at www.celebratingfamilies.net/evaluation_reports.htm

Program success

In a 2001 article, Clark cites the principles of Lambert (1992) who concluded from extensive research data that there are four common factors in successful drug court programs. All therapies seem to be more effective when they promote these common factors in their own unique ways.

The first factor involves the client's preexisting assets and challenges. Because *Celebrating Families!*™ was written specifically for families in FDC's, it addresses the challenges that make it so hard for these families to succeed: their co-occurring substance use and mental health problems; learning differences; trauma; and toxic stress.

Second are relationship factors – the connection between client and staff. Groups are conducted in an environment of respect and hope. Staff is there to help families graduate and have their children reunited. Staff are advocates for the families – asking how they can help, such as with transportation and outside appointments

Third is hope and expectancy – the client's expectation that therapeutic work will lead to positive change. The staff also believe in the program and their importance in it which results in low staff turnover. Last, are model and technique. *CF!* has been modified many times, using input from participants and staff.

Retention of skills post-graduation.

Cohen, Urbanski and Greenberg (2018) conducted a prospective study of participant's retention of skills learned in the *CF!* 3 to 6 months after graduation in the areas of parenting, emotional functioning, family life, substance use, legal issues and use of recovery support and treatment services. Twenty-two participants volunteered to be interviewed about their retention of principles learned in the program. The authors state that the gains from the program appear to have "staying power". They reported positive outcomes in terms of relationships to their children, their self-image as a parent, pro-family behaviors and self-care. They reported a high rate of attendance at AA, NA and similar self-help recovery groups indicating likelihood of continuing recovery from SUD's. The study was limited in that the subjects were self-selected. Those not interviewed may have had a different experience.

At the present time, family-skills training programs do not typically include after-graduation support. When asked for suggestions to make the programs better to serve their needs, participants cite their need for support after they have learned the messages of the program and their families are reunited. They are more likely to revert to former habits and behaviors without

some type of on-going support. It would be advantageous to provide a way to stay in touch with friends who have also been through the program in a group setting.

Site requirements

Practitioners may find it helpful to know what has been learned over the years when planning for funding and staffing.

To provide an effective program with fidelity, sites will need a large room with kitchen facilities for family activities plus several smaller group rooms (one for each age group). Sites should be easily accessible by public transportation. Ideal locations include Family Resource Centers, schools and churches with Sunday school classes and parish halls. Not effective are county/city court buildings or social services offices.

Staffing needs include coordinators (part time), trained group leaders (2 per group) and a licensed clinician with the ability to coordinate and make referrals for treatment to facilities and community services when appropriate. Coordinators also oversee reports from group leaders and conduct evaluations. Children's leaders need experience working with the age-group they serve. All leaders need knowledge of addiction and its impact on families. It is important to balance program teams by gender, ethnicity, and recovery. (It is very helpful to have at least one parent group leader who is in recovery.)

Sustainable funding can be an obstacle. The program appears to be expensive at the outset. However, the societal burden of child physical abuse is exorbitant. The lifetime economic cost for all new cases of abuse in one calendar year in the US has been estimated at $124 billion (Fang, Brown, Florence, and Mercey, 2012). Furthermore, violence breeds more violence, even across generations. Children who have experienced physical abuse are most at risk of re-experiencing it (Hindley, Ramchandani, and Jones, 2006). Therefore, it is of vital

importance to find effective interventions to prevent the recurrence of child physical abuse and break this cycle of violence. Costs can be reduced by using trainer interns/volunteers, and in-kind donations of food and space. Funding sources have included contracts with Departments of Social Services (Families & Children), Behavioral Health (Alcohol & Drug Services), Child Abuse Prevention, Healthy Families Insurance, Medicaid, and grants from SAMHSA, and local foundations.

Conclusion

Family-skills training programs as part of FDC's are shown to be efficacious for families who are at high risk for domestic violence and child abuse, thus subjecting their children to the risk of out of home placement. As an illustration, one such intervention program, *Celebrating Families!*™**,** is designed specifically for families dealing with, or at high risk for, substance use disorders. Such family skills training programs fulfill the goals of FDC's by reducing child maltreatment by treating parents' underlying SUD. Thus, the cycle of addiction is broken and families can be reunified resulting in avoidance of foster care.

Initial costs for implementation of family skills programs may present a barrier to FDC's. However, if these expenditures are contrasted to the costs of keeping children in foster care and incarceration of a parent along with the emotional costs to these alternatives, it is definitely cost-effective to use a family-skills training program as an FDC intervention.

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IRB Statement

All participating parents signed a Consent to participate in the Use of Outcomes and Evaluations Instruments form for them and their children under 12. Youth over 12 signed an identical form. The form stated that group results may be published in reports and journals, but no participant of family member would be identified. The informed consent was approved by agency managers at Uplift Family Services, which has an internal procedure to insure the informed consent for participation in treatment, as well as for the use of data collected for research, meet all federal guidelines for the protection of human subjects. In addition, for purposes of this research, the authors had no access to client identifiers. The agency (Uplift) prepared a deidentified dataset for these analyses, without client names, identification numbers, addresses or any other identifying information that could be matched to an actual person.

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