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**INTERVENTION STRATEGIES WHICH ENABLE FAMILIES TO BE REUNIFIED
AND FOSTER A SUCCESSFUL CASE CLOSURE WITHIN
THE COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**Presented to the
Faculty of
California State University,
San Bernardino**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work**

**by
Juliana Caryl Koenig**

June 1994

INTERVENTION STRATEGIES WHICH ENABLE FAMILIES TO BE REUNIFIED
AND FOSTER A SUCCESSFUL CASE CLOSURE WITHIN
THE COUNTY OF SAN BERNARDINO
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by
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June 1994

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ABSTRACT

This study explored which intervention strategies or treatment plan criteria seemed to ensure family reunification and result in successful case closure within the San Bernardino Department of Public Social Services. In addition, the study examined the problem of parental drug abuse and its effects on children and its impact on family unification. The literature review showed the prevalence of drug abuse in this country as well as the harmful effects of drug exposure on children in terms of birth defects and learning disabilities.

By examining 25 successful case closures, 13 variables were extracted and percentages were measured for family and successful case closure; parental participation in alcohol/drug programs, attending parenting classes, and having a family support network. Parents who complied with these mandates and had a supportive family network were reunited with their children, and thus had successful case closures within the agency.

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INTRODUCTION

Problem Statement

Drug abuse is a major health problem in this country. A survey done by the National Institute on Drug Abuse in 1985 showed that approximately 23 million people in the United States used illicit drugs, and a high percentage of them were women of childbearing age, (Ostrea, 1985). The adverse effects of prenatal exposure to drugs are multi-dimensional. "Perinatal centers nationwide estimate that in excess of 10% of all deliveries are affected by in utero exposure to illicit drugs as documented by maternal history and/or urine toxicology," (Chasnoff 1989, Bandstra, et al., 1989). To the hundreds of thousands of children born each year to drug-exposed mothers, mortality and morbidity rates are high, causing untold suffering to these children and their families and can result in the disunification of the family unit. To society as a whole, providing the care and treatment these children require is costly, running as high as \$100,000 per child, depending upon the severity of the disability. Foster care providers face an increased burden, as many infants and children are unable to remain with their mothers and require placement in foster care homes, (Kilbey, 1992). Perinatal complications resulting from either alcohol or drug abuse include a high incidence of stillbirths, fetal distress, asphyxia, prematurity, low birth weight, pneumonia, congenital malformations, cerebral infarction, and an increased risk to acquired immunodeficiency syndrome. Reported long-term complications may include sudden infant death syndrome, delays in physical growth and mental development, as well as problems with behavioral functions, such as Attention Deficit Disorder and general disruptive behavior, (Wilson, et al., 1979; Chavez, et al., 1979a, 1979b; Chasnoff, et al., 1982; and Wilson, 1989).

Attention needs to be focused on the design and utilization of effective prevention and intervention programs to reduce the high numbers of drug affected children and the resulting costs to society for their care. One way this objective can be attained is through utilization of drug prevention programs by women during pregnancy to insure that future children are unaffected by maternal drug exposure and that existing families remain intact, or that children taken from their homes by the court can be reunified with their parents.

According to Selden (1985), there are four major rationales for emphasizing substance abuse or dependence treatment during pregnancy:

- (1) the hope of decreasing damage to the developing fetus by arresting or diminishing drug use during the remainder of the pregnancy;
- (2) the hope of enhancing child-rearing by providing the newborn with at least one drug-free parent;
- (3) the opportunity for case finding based on the fact that many pregnant, drug-abusing women seek prenatal care and thus come to the attention of health care providers; and
- (4) the possibility that pregnancy represents a time of heightened motivation for decreasing drug abuse for at least some women (Seldon, 1985, p. 195).

Literature reviewed to date has indicated the need for a multi-faceted approach to alcohol and drug abuse, which must address drug use prevention before, during, and after pregnancy to ensure decreased incidences of drug-related effects to women and their infants, (Gilchrist et al., 1985).

Of significance to social work as a profession are the high numbers of social workers whose practice focuses on various types of interactions and interventions involving parents, children, and families that are coping with the aftermath of drug-related problems. Health care workers and social workers are on the front line in providing counseling, case management and treatment to this numerous and needy population.

RESEARCH DESIGN

The paradigm chosen to address this research project was a positivist paradigm, that measured the relationship between a set of independent variables, (such as attending drug programs, having a support network, and submitting to periodic drug testing), and the dependent variable, a successful case closure with the Department of Child Protective Services of San Bernardino County.

Three social work practice roles were evaluated in this study: (1) *direct practice*, strategies for treatment and intervention by social workers with their clients; (2) *community intervention*, focus on what the community can do to educate and intervene, such as prevention programs at the community environmental level; and (3) *administration and policy roles*, in the form of instituting new strategies for policy implementation at the agency level that addresses the needs of this client population.

PURPOSE OF THE STUDY

The purpose of this research project was to explore the problem of parental drug abuse and its effects on families and to ascertain which intervention strategy, or set of circumstances, ensures family reunification and successful case closure with the Department of Child Protective Services, a division of the Department of Public Social Services. A possible implication of the results of this study may lead to the following discussion: What more can be done to prevent family disorganization, disintegration, and the resulting involvement of governmental agencies?

RESEARCH QUESTION AND ORIENTATION TO THE STUDY

The research question was, "What set of variables or circumstances ensures family reunification and successful case closure with the Department of Child Protective Services?"

The practical implications for choosing the positivist orientation for this study is that the basic belief system of this paradigm matches the type of research to be done. The epistemological question is addressed in the fact that the researcher can adopt a distant, noninteractive posture, (Guba, 1985). Since data collection was done by reviewing closed case records, there was no direct client contact. The objective nature of the data to be used eliminated research bias as a source of extraneous variables. There was no problem using secondary data for this project, as: 1) original data was collected by trained social worker, 2) the data used was objective in nature, and 3) since this was an ex post facto study, the existence of this study was unknown to the original data collector.

SAMPLING

Sampling is the process of selecting observations from a population of interest, as stated by Rubin and Babbie, (1993). The population of interest to this study consisted of client families of closed case files in the Department of Child Protective Services, of the County of San Bernardino. These families became clients because they violated the law by either neglecting or abusing their children, and subsequently had their children taken away from them for a certain period of time until they satisfied the court that they were no longer a danger to their children and that they could provide their children with a safe environment. In each and every case drug or alcohol abuse was involved which impaired

the parents functioning to the degree that they were deemed to be either dangerous to their children, neglectful, could not provide their children with a safe and nurturing environment in which to live, or a combination of all three.

DATA COLLECTION AND INSTRUMENTS

Twenty-five files were selected at random from closed cases. A list of 13 variables, or questions, were compiled and information from each file was obtained accordingly. Strengths of this method of data collection were that the subjects were not at any risk as there was no direct contact with the clients, and numbers were assigned to identify case files. No identifiable data was used in the study, such as names, ages, or addresses. This method of data collection enabled this researcher to obtain objective data with which to do frequency tables, with no direct involvement with clients. Research findings did not cite specific cases, but rather reported data in aggregate form to provide information regarding what constitutes successful case closure within the Child Protective Services system.

PROCEDURE

The San Bernardino County Department of Public Social Services was contacted and permission given to have access to closed case files of families formerly in the system. Data collection took approximately two months, beginning in February and ending in April of 1994. Data was collected solely by this student, with the assistance of county employees who pulled case files at random and provided office space for reviewing information contained therein.

PROTECTION OF HUMAN SUBJECTS

Confidentiality and anonymity of participants was protected by the use of a set of numbers beginning with #1, with which to identify cases. Original identifying numbers was disregarded. In addition, no identifiable information regarding client families was used; such as names, addresses, ages and ethnic groups.

DATA ANALYSIS

A quantitative procedure was used to answer the research question, "What set of variables or circumstances ensures family reunification and successful case closure with the Department of Child Protective Services?" For this study, data analysis involved the computation of frequency tables that showed percentages, mean, and median results of parental involvement in mandated programs, such as attending parenting classes and submitting to drug screening, and whether or not the parents had a support system. Using a random sample of 25 closed cases in the County system, nominal dichotomies of yes/no were compiled from the existing data. It was anticipated that a set of criteria would evolve from the data that would indicate what constituted the case meeting the treatment plan mandates, or interventions, and being successfully closed as a result.

DATA ANALYSIS AND RESULTS

Data collection consisted of obtaining information from twenty-five closed cases from the Department of Public Social Services of the County of San Bernardino, California. Variables were compiled from questions taken from files at random in an effort to ascertain what combination of variables constituted a successful case closure. The following was a report of the findings.

1. Did the parents attend an alcohol/drug program?

Out of the twenty-five cases researched, 80%, or 20 out of 25 parents attended an alcohol/drug program and 20%, or 5 out of 25 did not attend an alcohol/drug program. Parents comprised either the mother, father, or both.

2. Did the family have a support system?

Of the 25 cases in this study, 80%, or 20 out of 25 families had a support system, consisting of one or more people who were available to help and in some cases to temporarily take the children into their homes after the children were removed from the custodial parent. Twenty-percent, or 5 out of 25 of the families did not have a support system.

3. How many children in the family?

In the cases studied, the number of children that comprised the family system ranged in number from one to four. The majority of families, 32%, had two children; 28% of the families had three children; 24 % had four children; and 16% had one child. The average number of children per family in this sample was 2.

4. Did either the mother or father have a history of criminal involvement?

Sixty-percent of the parents, or 15 out of the 25 cases in this sample, had some type of involvement of a criminal nature. Forty percent, or 10 out of 25 had no criminal involvement.

5. Did either parent have a history of a psychological disturbance?

In the sample studied, 76% or 19 out of 25 had no history of psychological disturbances; whereas 20%, or 5 out of 25 did have a history of a psychological disturbance. There was one case of data missing from this sample.

6. Length of time in the Department of Social Services System

Out of the 25 cases in the sample, 48% or 12 out of 25 were in the system 4-24 months; 28% or 7 out of 25 were in the system 28-45 months; and 24% or 6 out of 25 were in the system from 54-92 months.

7. Length of time in the Family Maintenance Program?

Of the cases studied in this sample, 52% or 13 out of 25 were in the Family Maintenance Program from 3 months to 1 year; 28% or 7 out of 25 were in the Family Maintenance Program from 15 months to 1 year; and 20% or 5 out of 25 families were in the Family Maintenance Program from 28 months to 4 years.

8. Did either parent have a psychiatric evaluation?

Sixteen percent of the sample cases, or 4 out of 25 did have a psychiatric evaluation. Eighty-four percent, or 21 out of 25 cases did not have a psychiatric evaluation.

9. Did one or more parents attend parenting classes?

Seventy-six percent, or 19 out of 25 parents attended parenting classes; whereas, 24%, or 6 out of 25 parents in the sample studied did not attend parenting classes.

10. How many parents were in the home?

Sixty-eight percent, or 17 out of 25 of the sample studied were headed by a single parent, usually the mother. Thirty-two percent, or 8 out of 25 of the sample studied had two parents in the home.

11. Did the parents have periodic alcohol/drug screening ?

Sixty percent, or 15 out of 25 of the parents in the sample studied had periodic alcohol/drug screening. Forty percent, or 10 out of 25 of the parents did not have alcohol/drug screening.

12. Were the children placed either in shelter care or foster care homes?

Fifty-six percent, or 14 out of 25 of the sample studied were placed either in shelter care or foster care homes. Forty-four percent, or 11 out of 25 of the sample studied were not placed in either shelter care or foster care homes.

13. Did the parents receive counseling?

Sixty-four percent, or 16 out of 25 of the sample cases studied received counseling. Thirty-six percent, or 9 out of 25 of the parents in the sample did not receive counseling.

DISCUSSION

In question number one, the majority of the sample studied attended an alcohol/drug program. As most of the cases had to do with either alcohol or drug involvement on the part of one or both parents, attending an alcohol/drug program was mandated by Child Protective Services as part of the treatment plan and a prerequisite for reunification of the family in the future. As was seen earlier, 20% of the parents did not attend an alcohol/drug program. This does not indicate that 20% of the sample did not have some sort of drug involvement; it simply means that a particular percentage did not

choose to attend. Mandating criteria may be one aspect of the treatment plan, but enforcing the mandate is difficult. Excuses for not attending the alcohol/drug programs ranged from the logistics of not having transportation to and from the program site, not having adequate childcare, inconvenience as far as day or time, to either forgetting the appointment completely or refusing to attend at all.

In the question concerning whether or not the families in the sample studied had a support system, the majority of the families did have a support system consisting mostly of family members, such as a maternal or paternal grandmother, or an aunt and uncle. This support network was there in many instances to assist the parent by providing both short and long term childcare in their homes until such time as the courts decided the parents were able to resume custody of their children and the family could be reunited. In cases where relatives were willing to take the children, they were placed with the family member rather than in a foster home. If there was more than one child in the family, they were kept together if possible. Having a support network seemed an important factor in stabilizing the family and in the eventual reunification of the children with their parents.

The question concerning the number of children in each family of the sample studied had an unexpected outcome. The greatest number of families were comprised of two children. It was anticipated that families would be larger in number, due to preconceived ideas, perhaps as many as four or more children in each household.

Of the cases involving criminal involvement on the part of either one or both parents, the majority had some sort of criminal involvement. Incarceration in many cases was due to child neglect or abandonment and was the precipitating factor that involved the family in the Department of Child Protective Services in the first place; but offenses also included shoplifting, writing bad checks, assault, and robbery. The clients in the sample of cases studied came from one of the lowest income segments of the population. These

crimes are of the type that may often be committed by people in support of a drug addiction.

The question that involved parental history of a psychological disturbance showed that the majority of the sample of cases did not have such a history. However, psychoactive substance use disorders are considered to be disturbances that can be psychological in nature, so the 76% figure stating no history of a psychological disturbance may be a misleading statistic (American Psychiatric Association, 1987).

It is appropriate to break down questions number six and seven, conceptually into thirds to indicate a more accurate picture of the results. In question number six, length of time in the system in months, the table indicates that 48% were in the system, (or part of the Child Protective Services active caseload), anywhere from 4 to 24 months. This is nearly half of the cases studied. If the Mean figure of 30 months were taken, a greater number of months in the system would be indicated than was actually true, and therefore would be a misleading result. The fact that one particular case was in the system a total of 92 months, threw the scale off considerably, producing a statistic that was not indicative of the fact that almost half of the sample were in the system just two years. (Refer to Table 1 on following page).

Table 1 Time in System in Months

	Value	Frequency	Percent	Valid %	Cum %
	3	1	4.0	4.0	4.0
	5	2	8.0	8.0	12.0
	6	1	4.0	4.0	16.0
	7	1	4.0	4.0	20.0
	8	2	8.0	8.0	28.0
	10	2	8.0	8.0	36.0
	13	1	4.0	4.0	40.0
	18	1	4.0	4.0	44.0
12 Families or 48% were in system for 4-24 months	24	1	4.0	4.0	48.0
	26	1	4.0	4.0	52.0
	28	1	4.0	4.0	56.0
	31	1	4.0	4.0	60.0
	32	1	4.0	4.0	64.0
	34	1	4.0	4.0	68.0
	37	1	4.0	4.0	72.0
7 Families or 28% were in system for 28-45 months	45	1	4.0	4.0	76.0
	54	1	4.0	4.0	80.0
	56	1	4.0	4.0	84.0
	61	1	4.0	4.0	88.0
	64	1	4.0	4.0	92.0
	73	1	4.0	4.0	96.0
6 Families or 24% were in system for 54-92 months	92	1	4.0	4.0	100.0
Total		25	100.0	100.0	

In question number seven, which dealt with the length of time families in the sample were in the Family Maintenance Program, over half were in the program from 3 months to 1 year. If the Mean value of 17 months were taken, it would appear that the majority of the sample were in the program for a much longer period of time, which would have been a misleading statistic. Information concerning these specific statistics was of

Table 2 Time in Family Maintenance

	Value	Frequency	Percent	Valid %	Cum %
	3	1	4.0	4.0	4.0
	4	3	12.0	12.0	16.0
	6	1	4.0	4.0	20.0
	7	1	4.0	4.0	24.0
	8	2	8.0	8.0	32.0
	9	2	8.0	8.0	40.0
	10	2	8.0	8.0	48.0
13 Families or 52% were in Family Maintenance 3 months to 1 yr.	12	1	4.0	4.0	52.0
	15	1	4.0	4.0	56.0
	17	1	4.0	4.0	60.0
	20	2	8.0	8.0	68.0
	22	2	8.0	8.0	76.0
7 Families or 28% were in Family Maintenance 15 months to 2 yrs.	24	1	4.0	4.0	80.0
	28	1	4.0	4.0	84.0
	33	1	4.0	4.0	88.0
	34	1	4.0	4.0	92.0
	40	1	4.0	4.0	96.0
5 Families or 20% were in Family Maintenance 28 months to 4 yrs.	56	1	4.0	4.0	100.0
Total	25	100.0	100.0		

The question concerning whether or not parents had a psychiatric evaluation, showed that the majority did not. This statistic is not surprising in that 76% of the sample did not appear to have a psychological disturbance. However, in order to have come to the attention of either law enforcement agencies or Child Protective Services, the parents were troubled to the extent that their behavior was contrary to what society would tolerate. Additionally, a possible reason why most parents in the sample did not have psychiatric evaluations as routinely as other mandated criteria for completion of the treatment plan, is that the evaluations are costly. If psychological evaluations had been

made more available, perhaps these clients could have accessed more comprehensive services.

Parenting class attendance is a mandatory request by Child Protective Services in nearly every instance, however attendance is difficult to enforce. The majority of the sample studied did attend parenting classes. The 24% who did not attend these classes had a variety of reasons for not attending, ranging from lack of transportation to inconvenience of day or time; however, these parents were still able to have their children returned to them and have their cases closed.

It was not surprising to learn that the majority of the families in the sample were headed by a single parent, in most cases it was the mother. Absentee fathers were common in many families, and "fathers whereabouts unknown" a frequent chart notation.

In the question that involved drug testing, the majority of the parents did submit to testing; however a high number of parents, 40%, did not. Periodic drug testing is another mandated criteria set forth by Child Protective Services, and since drugs and/or alcohol are involved in nearly every case, it is surprising that such a large percentage were able to avoid this requirement. Again, mandates are difficult to enforce.

The statistic involving placement of children into either shelter care or foster care homes, showed that over half of the children were placed in such residences after being removed from their parent's homes; however, in most cases these were temporary arrangements, as many of the children were taken in by relatives, such as a grandmother or an aunt, rather than remaining in foster care facilities.

The last question involving parents attendance in counseling, indicated that over half of them did receive some type of therapy. It is unfortunate that this figure of 64% is not higher, as counseling services could be valuable in assisting parents to manage the day-

to-day stresses in their lives and perhaps could prevent problems from recurring in the future.

IMPLICATIONS

These research questions were utilized to ascertain what set of criteria seemed to ensure successful reunification of families and case closure within the Department of Public Social Services, Child Protective Service Agency.

Attending an alcohol/drug program was an important component of the total treatment plan for the eventual reunification of children with their parent, or parents. Information concerning the harmful effects of alcohol or drugs on both mothers and their unborn children is of utmost importance in helping to prevent birth defects and alcohol and/or drug addicted infants in the future. Moreover, education of this type empowers impoverished parents in order to fully exercise their self-determination

Another important element in the reunification of families was the type of support system the parent or parents had. Usually consisting of maternal or paternal grandmother, grandfather, or aunt, this support network assisted parents in getting their lives together by providing a safe and stable home environment for the children, while allowing the parent a respite from the demands of child rearing. This enabled them time to reevaluate their lives, to become drug-free in many cases, and to re-prioritize important areas in their lives in terms of their responsibilities as parents to their children.

Attending parenting classes was especially important in cases where there was physical abuse. Many parents were not aware of alternative methods of discipline other than corporal punishment. By learning that corporal punishment simply was not to be

allowed and that if they abused their children they could lose the right to have their children forever, parents became aware that they must change or suffer life-long consequences. Through parenting class attendance, parents learned more effective methods of discipline, such as "time outs," enabling them to be better parents. Seventy-six percent of the sample studied attended parenting classes and received certificates from local community programs. Their attendance added to the likelihood that their children would be returned to them and showed their caseworkers and the court their willingness to make important and necessary changes for their children's sake.

Of interest to the Child Protection Agency was the result concerning with length of time families were in the Family Maintenance Program. It was this agency's hope that families remained in the FM program no longer than 12 months. Research showed that indeed 52% were in the program from 3 months to 1 year, which is in compliance with that expectation. This study has shown that the treatment plans for family reunification and maintenance, which included attending parenting classes, receiving counseling, and submitting to routine drug screening, appear to have been successful in more than half of the families in the program.

SUMMARY

This study has shown which criteria seem to ensure reunification of families and successful case closure with the Child Protective Agency. In addition to the mandated criteria as previously noted, having a family support network was seen as an important factor and cannot be over-emphasized. The parents who had family members to turn to in times of crisis and upheaval had an easier time coping with their situation.

Suggestions for improving existing programs could be increasing the availability of transportation. In addition to lack of transportation being a prohibiting factor in attending parenting classes and obtaining counseling services, several cases involved non-compliance of taking children to the doctor for either illness or for their immunizations. Issuing bus passes to clients is not enough to ensure transportation. The passes are difficult to obtain and city bus service to many areas within the city is inadequate. Perhaps instituting a van-pool service directly to the client's door would be a feasible plan; or enlisting the services of cab companies to lower their rates for needy families.

Many parents cited lack of childcare availability as a prohibiting factor in obtaining counseling services. Providing childcare for parents who seek therapy could improve attendance and utilization of this important service.

Further research topics could include additional services that could be provided to families " at risk" to prevent the types of problems from occurring that cause them to be part of the Department of Public Social Services caseload. Perhaps a parents "hot-line" could be initiated that would allow parents to voice their frustrations before becoming abusive to their children. Problems such as child abuse and neglect, drug or alcohol abuse, and failure to provide a safe and healthy environment require preventative intervention. Inadequate housing, food, and other basic necessities of life, are the problems of being poor in America, and need to be addressed and solutions found. Clearly, more research is needed in these areas as to cause and effect, and methods of prevention. Action needs to be taken to improve the quality of life for these parents and their children.

CONCLUSION

In nearly every case studied, drug exposure and abuse was a major contributor to disruption of the family. Cases of child neglect and physical abuse were directly linked to drug and/or alcohol abuse by one or both parents. Research revealed one family who had two children born with severe heart defects from a drug exposed mother, requiring extensive corrective surgery. Drug exposure and abuse is indeed a major health problem in this country. Every day countless lives are effected by drug abuse and millions of dollars are being spent by governmental agencies throughout the nation to correct birth defects, to alleviate the suffering, and to repair broken lives from the ravages of drug use. It is apparent that little progress is being made in the war on drugs. More must be done in the areas of drug prevention and intervention, as well as stopping the import, manufacture and sale of illegal drugs. The aftermath of drug abuse effects us all.

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APPENDIX A
Research Questions

Case Number: _____

Date Collected: _____

VARIABLES:

- | | | | | |
|-----|--|-----|----|--|
| 1. | Attended Drug/Alcohol Program?
Which one? _____ | Yes | No | |
| 2. | Has a family support system? | Yes | No | |
| 3. | Number of children in the family? _____ | | | |
| 4. | Criminal Involvement? | Yes | No | |
| 5. | Emotional/Psychological disturbance? | Yes | No | |
| 6. | Length of time in system _____ | | | |
| 7. | Length of time in Family Maintenance _____ | | | |
| 8. | Did client have Psych. Evaluation? | Yes | No | |
| 9. | Did parent/parents attend a parentings class/classes | Yes | No | |
| 10. | How many parent in the home? _____ | | | |
| 11. | Did they submit to drug testing? | Yes | No | |
| 12. | Were children placed in foster homes? | Yes | No | |
| 13. | Did parent/parents receive counseling? | Yes | No | |