

California State University, San Bernardino

**CSUSB ScholarWorks**

---

Theses Digitization Project

John M. Pfau Library

---

2009

## Parental substance abuse services that promote family reunification under Adoption and Safe Families Act timelines

Omeera Qadir

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Social Work Commons](#), and the [Substance Abuse and Addiction Commons](#)

---

### Recommended Citation

Qadir, Omeera, "Parental substance abuse services that promote family reunification under Adoption and Safe Families Act timelines" (2009). *Theses Digitization Project*. 3603.

<https://scholarworks.lib.csusb.edu/etd-project/3603>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

PARENTAL SUBSTANCE ABUSE SERVICES THAT PROMOTE  
FAMILY REUNIFICATION UNDER ADOPTION AND  
SAFE FAMILIES ACT TIMELINES

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

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

---

by  
Omeera Qadir  
June 2009

PARENTAL SUBSTANCE ABUSE SERVICES THAT PROMOTE  
FAMILY REUNIFICATION UNDER ADOPTION AND  
SAFE FAMILIES ACT TIMELINES


---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino


---


by  
Omeera Qadir  
June 2009

Approved by:

  
\_\_\_\_\_  
Laurel E. Brown, M.S.W., Faculty Supervisor,  
Social Work

6-3-09  
Date

  
\_\_\_\_\_  
Lisa Shiner, M.S.W., Riverside County  
Department of Public Social Services,  
Children's Services Division

  
\_\_\_\_\_  
Dr. Janet C. Chang  
M.S.W. Research Coordinator

## ABSTRACT

Parents involved in the child welfare system often receive substance abuse services. However, the Adoptions and Safe Families Act (ASFA) time frames for permanency may not be addressing all of the long-term needs of families who are involved within the system. The purpose of this research study was to assess the effectiveness of substance abuse services in promoting family reunification under the ASFA timelines for parents whose children are dependents of the Juvenile Court.

The research method used in this study was a quantitative research design that focused on secondary data analysis in order to assess which substance abuse services were most effective in promoting reunification within ASFA time frames. The primary information being analyzed was the case files of 50 families who were involved in Riverside County Department of Public Social Services (DPSS), Children's Services Division from January to June 2008, where at least one parent was receiving some form of substance abuse treatment. These cases also required that the children were removed from their homes due to parental substance abuse and were subsequently reunified or returned home.

An ANOVA analysis revealed that there was no significant relationship between the type of substance abuse service that a parent received and the amount of time it took for the family to reunify. Although the study finds that there is no statistical significance between type of treatment and reunification time, it is important to note that most forms of treatment services provided by Riverside County DPSS, Children's Services Division take time to successfully complete.

## ACKNOWLEDGMENTS

First, I would like to acknowledge the support of my research advisor, Professor Laurel E. Brown, whose expertise helped guide this research study. I would also like to express my deepest gratitude to Riverside County DPSS, Children's Services Division for allowing me to conduct my research within the agency. Lastly, I would like to thank California State University, San Bernardino for providing me with the opportunity to carry out a research study related to the population I served during my first year internship at a prenatal substance abuse facility.

## DEDICATION

I would like to dedicate this research study to my parents who encouraged me to pursue my educational dreams. I would have never been able to complete this program without your everlasting love and support. Words cannot describe how much I love you both. Thank you for everything.

TABLE OF CONTENTS

ABSTRACT ..... iii

ACKNOWLEDGMENTS ..... v

CHAPTER ONE: INTRODUCTION

    Problem Statement ..... 1

    Purpose of the Study ..... 5

    Significance of the Project for Social Work ..... 9

CHAPTER TWO: LITERATURE REVIEW

    Introduction ..... 13

    Theories Guiding Conceptualization ..... 13

    Parental Substance Abuse Treatment ..... 17

    Family Reunification for Substance Abusing  
    Parents ..... 22

    Implications of Adoption and Safe Families  
    Act Timelines ..... 29

    Summary ..... 33

CHAPTER THREE: METHODS

    Introduction ..... 34

    Study Design ..... 34

    Sampling ..... 37

    Data Collection and Instruments ..... 40

    Procedures ..... 42

    Protection of Human Subjects ..... 44

    Data Analysis ..... 45

    Summary ..... 46



CHAPTER FOUR: RESULTS

Introduction ..... 48  
Presentation of the Findings ..... 48  
Summary ..... 55

CHAPTER FIVE: DISCUSSION

Introduction ..... 57  
Discussion ..... 57  
Limitations ..... 60  
Recommendations for Social Work Practice,  
Policy and Research ..... 63  
Conclusions ..... 66

APPENDIX A: DATA EXTRACTION FORM ..... 67

APPENDIX B: TABLES ..... 71

APPENDIX C: FIGURES ..... 74

REFERENCES ..... 82

## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Substance abuse is a major problem for families and children involved in the child welfare system. It is estimated that nine percent of children in this country live with at least one parent who abuses alcohol or drugs (Child Welfare Information Gateway, 2003). Numerous studies have shown that extensive alcohol and drug use can compromise appropriate parenting practices and increase the risk of child maltreatment (Child Welfare Information Gateway, 2003; Green, Rockhill, & Furrer, 2006; Ryan, 2006; Sumner-Mayer, 2003). Specifically, parents who abuse alcohol or drugs are less likely to take on an effective parental role due to mental and physical impairments that occur while under the influence of substances, often spending limited household resources on substances, and the time spent seeking out and using substances (Child Welfare Information Gateway, 2003). In the State of California alone, it is estimated that substance abuse is a factor that brings a child to the attention of a child welfare agency in almost forty

percent of cases (Young, Gardner, Whitaker, Yeh, & Otero, 2005). As soon as they are in the system, "children of substance abusing families experience significantly longer stays in foster care and significantly lower rates of reunification" (Ryan, 2006).

Family reunification, the process of returning children in temporary out-of-home care to their families of origin, is the most common goal and outcome for children who are detained. However, once Congress passed the Adoption and Safe Families Act (ASFA) in 1996, the guidelines to achieve permanency has made it difficult for parents who suffer from drug/alcohol addiction to reunify with their children. ASFA was designed to promote timely permanent placements for children within the child welfare system, but many child welfare experts have argued that the ASFA legislation may have a negative impact on substance abusing parents. This negative impact may be due to the fact that parents dealing with substance abuse issues may not have enough time to change their lifestyles in order to reunify because of ASFA's shortened permanency timelines (Rockhill, Green, & Furrer, 2007). With these ASFA guidelines in place, children are required to have a permanency hearing when

they have lived in out-of-home care for twelve months, and a petition must be filed to terminate the parental rights for children who are in out-of-home care for fifteen of the most recent twenty-two months (Green, Rockhill, & Furrer, 2006).

Parental substance abuse continues to be a significant problem in the child welfare system. Research shows that neglected children of substance abusing parents are more likely to remain in the child welfare system longer and face poorer outcomes (Child Welfare Information Gateway, 2003). Moreover, since the passing of ASFA, "these children may be less likely to reunify with parents and are subject to alternative permanency decisions in greater numbers than children from non-substance abusing families" (Child Welfare Information Gateway, 2003). It is also challenging to address the numerous needs of these families due to limited resources and lack of coordination among different service systems (Child Welfare Information Gateway, 2003).

Due to the fact that an overwhelming amount of child welfare cases involve substance abuse, agencies are forming strategies to address the issue in a more effective manner (Child Welfare Information Gateway,

2003). Some inventive approaches that agencies are using are providing parents who are involved in the child welfare system with priority admission to substance abuse treatments, along with "modifying dependency drug courts to ensure treatment access and therapeutic monitoring of compliance with court orders" (Child Welfare Information Gateway, 2003). Even though many child welfare agencies are trying to address the needs of these families, the ASFA timelines restrict parents from overcoming their substance abuse issues and being able to regain care of their children. Most of these parents, who are receiving referrals and services from child welfare social workers, are unable to make significant progress in overcoming their addiction in the few months that ASFA permits for family reunification (Smith, Elstein, & Klain, 2005).

Although ASFA's main goal is to provide safe and permanent homes for children within the child welfare system, the policy does not seem to take into consideration the fact that substance abuse recovery for most parents is a long and arduous process. While it is unlikely that ASFA legislation will change in the near future to accommodate the treatment needs of parents who are trying to deal with their substance abuse issues, it

is important to refer them to the most effective substance abuse services that comply with the permanency timelines set up by ASFA in order to help these parents gain reunification services. This research study identifies the best substance abuse treatment services for parents within the child welfare system who are working on their recovery in order to reunify with their children, while also adhering to the ASFA timelines.

#### Purpose of the Study

The purpose of this research study was to assess the effectiveness of substance abuse services in promoting family reunification under the ASFA timelines for parents whose children are dependents of the Juvenile Court. The problem concerning substance abuse services and ASFA timelines is important because it has the potential to affect many lives. Substance abuse is significantly connected to child welfare cases throughout the nation. If child welfare agencies are able to utilize the most effective and time-friendly substance abuse services for their clients, reunification may become a feasible option for substance using families that are involved in child welfare. By assessing the needs of parents who are

struggling in their addiction, and providing them with specific treatment services, these parents may gain the potential to resume custody of their children. Therefore, by addressing this problem, families can have the opportunity to stay intact, which is the goal of family maintenance and reunification.

The issue at hand is a definite concern for child welfare agencies. Because permanency is one of the three main goals and outcomes of ASFA, child welfare agencies must adhere to the ASFA guidelines regarding permanency planning. However, agency workers and supervisors are realizing that the ASFA time frames for permanency may not be addressing all of the long-term needs of families who are involved with the system. By addressing the specific needs of substance abusing parents whose children are in out-of-home placement, agencies can help these families receive reunification services within the required ASFA permanency timeline. Child welfare agencies already employ numerous services that are related to substance abuse treatment. It is just the matter of utilizing effective substance abuse services that have the most positive outcomes, which will in turn help families towards the path of reunification.

Parents who have extensive drug/alcohol histories that caused their children to be removed from the home have to follow the recommendations that are set by the Court in order to have a chance for reunification. Because ASFA calls for a permanency hearing to take place once a child has lived in out-of-home placement for twelve months, parents who are struggling with their addiction have less than a year to make progress towards recovery. However, substance abuse recovery is a process that takes a lot of time and effort, and many of these parents cannot devote themselves fully to treatment because they also have to address multiple factors within their case plan, such as finding housing and economic stability. If agency workers are able to work with the clients and find the best services that address the needs of substance abusers, these parents can work towards reunification services under the ASFA guidelines.

The research method used in this study is a quantitative research design that focused on secondary data analysis in order to assess which substance abuse services are most effective in promoting reunification within ASFA time frames. This research design was utilized because the study required obtaining information



from a large database. Additionally, this design was useful because the data was already available, which in turn allowed for the maximizing of resources for this study by saving labor, money, and time. The research method that was used also avoided the intrusiveness of obtaining information from actual clients in person (Chang, 2008, May 21). Rather, the data was obtained from case records, so that families who have been involved with the child welfare system did not have to be contacted.

The primary information being analyzed was the case files of families who were involved in Riverside County DPSS, Children's Services Division in which the children were removed from their homes due to parental substance abuse, and were subsequently reunified or returned home. Specifically, eligible case files had to have some form of substance abuse treatment services as a component of their case plan, where the children have been returned to their parents within the past six months. The time frame of the sample required that all eligible case files must be recently reunified cases within Riverside County DPSS, Children's Services Division during the data collection period. After choosing potential case files that were

eligible for the study, it was important to make sure that each case had the same chance of being selected. This study employed systematic sampling for including cases within the sample by selecting every tenth case file among the list of two hundred eligible cases. The study required data collected from fifty cases.

The independent variable of the study is the type of substance abuse service, which will hopefully have a strong correlation with the dependent variable. The dependent variable for this study is the amount of time it took for reunification to occur, taking special consideration to the ASFA time frames for permanency. A data extraction form was used to obtain data from the case records.

#### Significance of the Project for Social Work

Parental substance abuse issues and barriers leading to family reunification affect an overwhelming amount of children within the child welfare system. It is important to understand the many aspects of substance abuse treatment and the policies that directly affect child welfare families that struggle with chemical dependency because it will enable the public to understand the

severity of this problem. By looking at the different types of substance abuse treatments for parents whose children are in out-of-home care, one will be able to see the difficulty of overcoming drug and/or alcohol addiction and trying to reunify the family unit while following the ASFA timelines.

Hopefully, the findings of this study will contribute to social work practice within the child welfare agency setting. Specifically speaking for Riverside County Children's Services, it is expected that the research findings might allow the agency to reevaluate which services they provide to parents who are struggling with substance abuse issues. One can also hope that the findings can show the agency that working with parents and addressing their needs is a key factor in attempting reunification. These findings may also contribute to the agency in that social workers will understand that parents with substance abuse histories, whose children are detained, require useful and efficient treatment services that are implemented in a timely manner because these parents have to show progress before the ASFA time restrictions regarding permanency come into effect. That way, more substance-abusing parents who are

involved in the child welfare system have a better chance of attaining reunification services.

The generalist intervention process can be applied to this study. The findings of this study will be beneficial for child welfare social workers who are working with families that have parental substance abuse issues. These social workers will be able to use the findings from this study to effectively assess the type of treatment parents will need to undergo in order to have a better chance of reunifying with their children. The findings will also help social workers during the planning phase of the generalist model, in that they will be able to plan out the best substance abuse services for parents while also taking into consideration the ASFA time frames.

This study offers a research question that addresses the issue of parental substance abuse treatment and family reunification, while also noting the permanency guidelines set by ASFA. The research question is: Which substance abuse services are most effective in promoting reunification within the ASFA time frames? By obtaining data from child welfare case files that involve families dealing with parental substance abuse, it is hypothesized

that inpatient drug treatment services referred by Riverside County DPSS are more likely to promote family reunification under the ASFA timelines than other types of drug treatment services.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

A review of the preceding literature focusing on the factors of reunification for families that had chemical dependency problems are presented in this chapter. The chapter begins with a section on the theories that guided the conceptualization of this study, and then leads into a review of the existing literature about the study at hand. Unfortunately, very little empirical research was found about the most effective substance abuse services for a child welfare agency setting. However, there was information available regarding substance abuse treatment for parents whose children were detained, reunification for substance abusing parents, and the implications of ASFA timelines. These three areas form the literature subsections of this chapter. Lastly, the chapter ends with a short summary of the literature presented.

#### Theories Guiding Conceptualization

There are many substance abuse theories that stress the complexity of alcohol/drug addiction and the fact that addiction is a serious illness that takes time to

recover from. After reading some of the previous empirical research about parental substance abuse, reunification services, and ASFA time frames, I learned about the service integration model that Ryan assessed in his study (2006). His model hoped to implement both substance abuse and child welfare services in a single case plan by providing the family with intensive case management. This model is a good start to learning about the substance abuse theories that are also related to agency-specific issues.

Ryan's service integration model made sure that each substance-abusing parent within the child welfare system underwent substance abuse treatment and also had a recovery coach to help them along the way. According to Ryan (2006):

The use of a recovery coach was intended to increase the access to substance abuse services, improve substance abuse treatment outcomes, shorten the length of time in substitute care placement, increase the rates of family reunification, and decrease the risk of continued maltreatment. (p. 12)

In order to achieve these service integration goals, the recovery coaches engaged in activities including

advocacy, outreach, service planning, clinical assessments, and case management (Ryan, 2006). In Ryan's model, the recovery coaches were to help parents in every aspect of their child welfare case plan and sobriety. These coaches even engaged in information sharing with child welfare and Juvenile Court personnel to help inform permanency decisions. Ryan (2006) believed that the recovery coach services within the service integration model were provided to clients for throughout the case, and that these services could also be continued for a period of time after the case closed.

Ryan's service integration model ensured that parents could receive effective treatment services that promote family reunification. The integrative aspects of Ryan's model, which are related to substance abuse treatment for parents within the child welfare system, can be applied to this research study. Ryan's model showed that parents, who are struggling with substance abuse and are also working towards family reunification, need supportive substance abuse treatment services that incorporate all aspects of their child welfare case plan in order to maintain their sobriety and successfully gain the custody of their children.



An important theory that connects substance abuse issues with child welfare issues is the Systems Theory. According to Zastrow and Kirst-Ashman, a system is comprised of a "set of elements that form an orderly, interrelated, and functional whole" (2007, p. 138). Within this theory, the family is viewed as a system that functions together as a whole. When chemical dependency is present in a family, it affects each and every family member (Zastrow & Kirst-Ashman, 2007). Specifically, the Systems Theory can be used to address the needs of substance abusers whose children are now in the custody of the Court. Organizations and agencies within the community are systems that can work together to maintain the family structure of families that are struggling with chemical dependency. For example, child welfare agencies, along with drug treatment agencies, are forming strategies that can address the issue of parental substance in an effective manner. In order for these strategies to be successful, the Systems Theory must be employed because these strategies require collaboration among the various systems within which affected families are involved, such as the child welfare system, substance

abuse programs, dependency court, and public assistance (Child Welfare Information Gateway, 2003).

#### Parental Substance Abuse Treatment

Brook and McDonald (2007) implemented a new drug treatment program for parents whose children were in out-of-home care. The program was formed for substance abusing families and helped these families receive proper resources and services so they could eventually reunify with their children. According to Brook and McDonald, the program was "multidisciplinary, community based and collaborative in nature and addressed the intertwined issues of substance abuse with child welfare, poverty, domestic violence, single parenting, mental illnesses, homelessness, and other social problems" (2007, p. 666). The program was employed in a rural county by a primary drug treatment center. In order to participate in the program, parents had to have their children removed from the home based on their substance abuse. These parents were referred to the program through the child welfare intake process, and participation within the program was completely voluntary. Parents who had open child welfare cases from January 2000 to October 2004, and chose to

participate in the program received the program services as part of their case plan. The families who agreed to utilize the services of the program received substance abuse treatment services, employment services, case management, parenting classes, and counseling several hours each week. These families also attended monthly court hearings that were specifically designed for substance abuse families with children in the system and went to monthly conferences where all of the stakeholders of the case were represented (Brook & McDonald, 2007).

Brook and McDonald studied the effectiveness of this program by comparing the program participants to a comparison group. The comparison group consisted of parents from the same county whose children were detained around the same time as the program group due to their substance abuse, but these parents did not receive the program services as part of their child welfare case plan. Data was collected on these families through the state's administrative database. The sample size for the program group was 60 cases, while the comparison group consisted of 79 cases, making a total sample of 139 cases (Brook & McDonald, 2007).

Brook and McDonald hypothesized that the substance abuse program for the parents would decrease the amount of time their children would be reunified. However, Brook and McDonald's findings presented a different outcome. Brook and McDonald found that faster reunification occurred with the comparison group, noting that after 400 days since the children were placed in out-of-home care, 40% of the comparison group reunified and 30% of the program group reunified. The comparison group also had a smaller rate of reentry into the system once reunification had occurred. The findings showed that of the 59 cases the reunified within the comparison group, only 4 (7%) reentered into the child welfare system. Conversely, of the 40 program group cases that reunified, 9 (23%) reentered the system (Brook & McDonald, 2007). Through their findings, Brooks and McDonald (2007) learned that:

There is no underlying rationale for the expectation that involvement in this program should result in shorter durations in out-of-home care, because recovery from substance abuse is a long-term process and the problems of these families are multiple and

intertwined and thus not likely to respond to quick intervention. (p. 670)

Tisch, Dohse, and Sibley (2005) focused on a new program that was formed by the Family Drug Treatment Court in California's Santa Clara County. Celebrating Families (CF!) is a program that is based on an education/support group model to stabilize families that are disrupted by parental substance abuse and child maltreatment. The objectives of CF! are to:

Break the cycles of chemical dependency and violence/abuse in families by increasing participant knowledge and use of healthy living skills; positively influence family reunification by integrating recovery into daily family life and by teaching healthy parenting skills; and 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. (Tisch, Dohse, & Silbey, 2005, p. 7)

Clients who are referred to the CF! program are expected to increase their knowledge on substance abuse and the impact it has on families; learn anger

management, decision-making, and problem-solving skills; develop strong communication and coping skills in order to deal with stressful situations; form and maintain healthy relationships; and learn how to express their feelings in an appropriate manner. In order to achieve these goals, CF! clients participate in 15 weekly, 90 minute sessions that are followed by 30 minutes of structured family activity. The program begins in the evening with a family dinner and then participants are broken into four groups: children, pre-adolescents, adolescents, and parents. Each group meets with its own facilitator, but they all are given the same information and acquire the same skills. Additionally, the parent group emphasizes parenting basics, such as spending quality alone time with each child (Tisch et al., 2005).

According to Tisch et al., the early evaluation of the CF! program seemed positive. A study focusing on 78 families within the program showed that:

Drug Court with Celebrating Families! decreased the length of time children are in the Child Welfare System (CWS) to 6-12 months, compared to 13-18 months in Drug Court without Celebrating Families! and 19-24 months in traditional CWS; and that family

reunification rates with Drug Court plus Celebrating Families! were 72% compared to 37% in traditional CWS. (Tisch et al., 2005, p. 9)

In addition, results from Social Services staff reports indicated that participating in the CF! program reduces the probability of relapse for parents and also may reduce the possible drug and/or alcohol abuse of their children. In this early phase, CF! is even showing success rates that doubled those of other programs that were used in the past (Tisch et al., 2005).

Based on the findings, the CF! program proves to be a successful feature of the Family Drug Treatment Court in Santa Clara County. The key aspect of this program seems to be the integration of the entire family unit in parental substance abuse treatment. Education and providing support to the whole family may lead to chemical dependency recovery, timely reunification rates, and a reduction in potential relapse.

#### Family Reunification for Substance Abusing Parents

Although Brook and McDonald did not achieve the findings that they desired, another research study that focused on substance abuse and reunification had

significantly different results. Ryan's research (2006) addressed the fact that children within the child welfare system who came from substance abusing families, stayed longer in out-of-home placement and had lower rates of reunification than children in the system who did not have substance abusing parents. Ryan stated that child welfare systems are now developing service integration models that include both child welfare and substance abuse services in order to tackle the system problems related to parental drug/alcohol use. This particular study inspected the effectiveness of a specific service integration model that stressed the use of intensive case management in order to link substance abuse and child welfare services together (Ryan, 2006).

Ryan used an experimental research design that focused on two outcomes: access to substance abuse services and family reunification. Cases that included children who were placed in foster care due to parental alcohol/drug abuse and were opened on or after April 2000 in Chicago were eligible to be in the study. The eligible cases were randomly assigned to either the experimental group that engaged in intensive case management, or the



control group, which did not utilize integrative case management services (Ryan, 2006).

Ryan's data produced noteworthy results in terms of reunification of children to their parents who suffered from substance abuse issues. Ryan found that 11.6% of children in the control group were returned to their families, while a significant 15.5% of children from the experimental group were returned. The findings from Ryan's research study indicated that "families assigned to the experimental group used substance abuse services at a significantly higher rate and were more likely to achieve family reunification than were families in the control group" (Ryan, 2006).

Sumner-Mayer (2003) formed a study that focused on reunification preparation. For parents who are in recovery, potential reunification is seen as a huge challenge and probable trigger for relapse. Based on this information, Sumner-Mayer argued that parents must be aware of the reunification at the beginning stages of case planning across all service systems. Furthermore, case managers (CMs) must be more involved when helping their clients receive substance abuse services in order for the family to feel supported throughout the treatment

phase, which will in turn promote the recovery of the parents and family reunification (Sumner-Mayer, 2003).

According to Sumner-Mayer, effective substance abuse treatments were formed to tailor to the client's needs and were multidimensional, addressing social, psychological, spiritual, and biological elements. However, the child welfare system considers substance abuse treatment to be a "one size fits all, one shot treatment, one strike and you're out event rather than an ongoing process" (Sumner-Mayer, 2003, p. 6). This approach that the child welfare system has adopted is understandable due to the fact that a child's safety may be at risk if a parent relapses during reunification. Nevertheless, this approach makes it much harder for substance abusing parents to actually have a chance at reunifying with their children (Sumner-Mayer, 2003).

Sumner-Mayer formed a plan that places a large amount of responsibility and power on the CMS when planning family reunification services for clients with problems related to chemical dependency. In her study, Sumner-Mayer proposed new service conditions that are intended to facilitate the success rates of family reunification for substance abusing parents and their

children. First, CMs need to be educated in all aspects of substance abuse treatment so that they are able to connect clients with services that meet all of their needs. Next, CMs must take the family's lead in order to facilitate the treatment process. Sumner-Mayer noted that the enhancement of treatment engagement occurs when the client's perceived most urgent issues are addressed in the beginning, and that CMs should take this into consideration when meeting with their clients. CMs should also communicate with families and talk to them about their needs. Lastly, CMs must provide clients with intensive outreach and link them to support services. In order to engage, retain, and promote reunification for parents, it is imperative for CMs to provide families with a range of services, other than substance abuse treatment, that can address all of the family's needs (Sumner-Mayer, 2003).

By forming these service conditions, Sumner-Mayer (2003) found that programs that have individually tailored outreach, treatment, and case management services that focus on the needs of addicted parents and their children, reported considerably higher rates of

reunification success and prevention of additional children placed in out-of-home care.

Karoll and Poertner (2002) also conducted a study on parental substance abuse and reunification services. Karoll and Poertner (2002) understood that the substance abusing parents who were in the child welfare system had to put in a tremendous amount of work and change in order to be granted the decision to reunify. The researchers conducted an exploratory study that detected the signs for family reunification of children placed in out-of-home care due to parental substance abuse. Karoll and Poertner used the data collected from surveys of 196 service professionals, such as judges, caseworkers, and drug treatment counselors, who resided in a large Midwestern state. The survey consisted of issues related to the child welfare system, substance-affected families, and reunification (Karoll & Poertner, 2002). The purpose of this study was to "identify indicators that judges who hear juvenile cases, child welfare caseworkers, and substance abuse counselors use to aid in the reunification decision-making process" (Karoll & Poertner, 2002, p. 262). However, the researchers learned that the service professionals had a difficult time in

deciding whether or not families should be reunified due to the complexities of substance abuse recovery (Karoll & Poertner, 2002).

Ultimately, Karoll and Poertner concluded that the growing recognition of parents dealing with substance abuse problems in the child welfare system has placed greater stress on the system. Policy changes, such as ASFA, "that have shortened the time span during which this population has to demonstrate reasonable progress have affected the reunification process" (Karoll & Poertner, 2002, p. 266). In addition, the deficiency in professional expertise regarding the expectations and needs of the substance abusing population within child welfare has impeded this population from gaining reunification services. Lastly, Karoll and Poertner (2002) stated that in order to serve this population more efficiently in the time allotted, the judicial system, child welfare agencies, and substance abuse treatment agencies needed to form effective services that address the needs of substance abusing parents, while taking into consideration the time frames of policies regarding permanency and reunification.

## Implications of Adoption and Safe Families Act Timelines

Karoll and Poertner inadvertently mentioned the implications of ASFA policies on families with substance abuse histories. However, Rockhill et al. (2007) specifically use the ASFA legislation to assess the outcomes of substance abuse families in their study. This study examined the impact of ASFA on parents who are struggling with substance abuse addiction (Rockhill et al., 2007). The researchers compared "child welfare outcomes, pre- and post-ASFA, for children of more than 1,900 substance-abusing women who had some treatment involvement" (Rockhill et al., 2007, p. 7).

For the study, two groups of women were used through the child welfare system records in Oregon. The sample included women who had at least one child placed in out-of-home care during the pre-ASFA period (October, 1996-June, 1998) or post-ASFA period (December, 1999-October, 2001). These women also had to be the primary caregiver of the detained children, had problems with alcohol/drug use, had at least one contact in the state's alcohol and drug treatment system, and had to access to at least one treatment service during their

-

involvement with child welfare. The researchers were able to collect data from 921 pre-ASFA women and 990 post-ASFA women, and they used this data to gain outcomes on parental substance abuse and amount of successful reunification based on the ASFA time restrictions (Rockhill et al., 2007).

By comparing these two groups, the researchers found that there was no significant difference in the likelihood of reunification between the two periods. Based on the results of this sample, there was no significant reduction in the likelihood that children would be reunified following the implementation of ASFA, even when there was a control for case and family characteristics. Rockhill et al. (2007) concluded in their study that:

These outcomes suggest(ed) that ASFA was able to accelerate (at least to a limited degree) the permanency process for children who might have otherwise remained in foster care, while at the same time, it did not unduly hinder the efforts of substance-abusing parents to have their children returned to them. (p. 16)

Humphrey, Turnbull, and Turnbull (2006) also carried out research that assessed the implications of ASFA on families within the child welfare system. Their study was a qualitative study that focused on the perspectives of participants on ways that ASFA affected access to services for children and their families.

Humphrey et al. conducted 58 interviews with 33 participants who were youth in out-of-home placements, their parents, foster care providers, service providers, and judges. In the interviews, the participants spoke about ASFA's affect on timelines and noticed that families must move through the child welfare system faster under ASFA guidelines. The participants also noted that the decision-making process was faster, which could indirectly lower families' access to services, and they also mentioned that if families quickly move through the system, they would have less time to access the services they needed (Humphrey et al., 2006).

The researchers found that the participants reported that they felt "ASFA shortened the amount of time families had for correcting problems while their children were in custody" (Humphrey et al., 2006, p. 113). Some service professionals even revealed that they did not



feel motivated to help families because the law seems to require less from them than was required in the past (Humphrey et al., 2006). In addition, the researchers found that the "participants believed that when the Court makes decisions involving families, those decisions are more likely to call for termination of parental rights than for reunification" (Humphrey et al., 2006, pg. 113). In regards to ASFA's shortened time frame, the researchers stressed that access to services is critical for families, and may even decrease the amount of out-of-home placements related to issues such as parental substance abuse. Humphrey et al. (2006) concluded that:

Timely access to services while a child is in out-of-home placement is also very important. With the ASFA's timelines, families' needs must be addressed as soon as possible. Services that families typically access should be evaluated for effectiveness so service providers and judges can recommend services with confidence and families can be sure of the benefits. (p. 127)

## Summary

In reviewing the articles presented, substance abuse treatments for parents whose children are dependents of the Court must be multidisciplinary and address the needs of the parents in order to promote family reunification in a timely manner. Models that integrate child welfare agencies and substance abuse services, while also integrating the entire family in treatment can also help families reunify and maintain their familial ties. Lastly, services that are provided to the clients in a timely manner seem to be effective in promoting recovery and reunification while adhering to the ASFA time frames.

## CHAPTER THREE

### METHODS

#### Introduction

This section consists of a detailed description of the research methods that were used in carrying out this study. This section particularly addresses the design of the study, sampling methods, data collection and instruments, procedures, protection of human subjects, and methods for data analysis. This section concludes with a brief overview of the many facets within a quantitative research design.

#### Study Design

The purpose of this research study is to assess the effectiveness of substance abuse services in promoting family reunification under the ASFA timelines for parents whose children are dependents of the Court. Substance abuse is connected to child welfare cases throughout the nation. If child welfare agencies are able to utilize the most effective and time-friendly substance abuse services for their clients, reunification under the ASFA timelines may become a feasible option for substance abusing families that are involved in the child welfare system.

By assessing the needs of parents who are struggling in their addiction, and providing them with specific treatment services, these parents may gain the potential to resume custody of their children. Therefore, by addressing this problem, families can have the opportunity to stay intact, which is the ultimate goal of family reunification.

The research method that this study employed was a quantitative research design that focused on secondary data analysis in order to assess which substance abuse services are most effective in promoting reunification within ASFA time frames. This research design was utilized because the study required obtaining information from a large database. Additionally, this design was useful because the data was already available, which in turn allowed for the maximizing of resources for this study by saving labor, money, and time. Using secondary data analysis through case files facilitated the replication of data and helped develop knowledge about certain variables and populations. This research method also avoided the intrusiveness of obtaining data from clients in person (Chang, 2008, May 21). Through secondary data analysis, all data was obtained from case

records, so that families who have been involved with the child welfare system did not have to be contacted. The primary information being analyzed was the case records of families in Riverside County whose children were removed from their homes due to parental substance abuse. The cases where the parents are recommended by the Court to receive some type of substance abuse service in hopes of reunifying with their children were extracted for data analysis.

Although secondary data analysis in the form of case file data extraction has many advantages, there are also limitations with this study design. A main problem is the lack of standardization. Case files are often devoid of standardization because files are formulated around the issues and needs of certain clients, and it is difficult to apply the data from an individual client's case to an entire population. Another disadvantage is that case files may include biases based on the perceptions of social workers. Case files may also contain intentional omissions of important information and relevant variables (Chang, 2008, May 21).

This study offers a research question that will address the issue of parental substance abuse treatment

and family reunification, while also noting the permanency guidelines set by ASFA. The research question is: Which substance abuse services are most effective in promoting reunification within the ASFA time frames? By obtaining data from actual child welfare cases that involve families dealing with parental substance abuse, it is hypothesized that inpatient drug treatment services are more likely to promote family reunification under the ASFA timelines than other types of drug treatment services.

#### Sampling

Non-probability purposive sampling is appropriate for this study. This form of sampling involves using prior knowledge to choose and study a subset of a population that best serves the purposes of the study (Chang, 2008, April 30). This research design required a sample of families from Riverside County where at least one child is in out-of-home placement due to parental substance abuse. These cases also had to have some form of substance abuse services as a part of their case plan, and the children had to be reunified with their parents within the past six months. After selecting potential

participants that were eligible for the study, probability sampling, in the form of systematic sampling, was used in order to ensure that each eligible case file participant had an equal chance of being selected. By using systematic sampling, every tenth case file among the list of two hundred eligible cases was selected for inclusion in the sample (Chang, 2008, April 30).

For this study, the sample consisted of families that entered the child welfare system in Riverside County due to parental substance abuse. To qualify for this study, at least one parent must have had a referral to substance abuse services. Finally, these families needed to be recently reunified clients from Riverside County, which meant that reunification occurred within the last six months. In terms of selecting cases from a specific time frame, the earliest case file data that Riverside County's Data Department collected and stored was from the first half of 2008. All eligible case files that were initially opened from January 1<sup>st</sup> to June 30<sup>th</sup> of 2008 within the Metro, Valley, and West Corridor regions of Riverside County were included in the sample. The overall purpose of the sample is to assess the effectiveness of a particular type of drug treatment service by showing what

type of treatment is used the most in recently reunified cases.

Because Riverside County has a large number of possible cases that can be used for this study, a realistic sample size had to be chosen for the purposes of this research study. In consulting with research experts at California State University, San Bernardino and Riverside County DPSS, Children's Services Division, it was determined that the best sample size is fifty case files from across Riverside County because it takes into consideration the practicality of the sample size. In order to acquire feasible results from the research study, it was important to collect enough data to obtain reasonably precise estimates of the factors of interest, but it was also important to do this while also taking into account the difficulties of collecting the data and the time limitations of the study. Not only is the amount of fifty case files a practical sample size, it is also a large enough sample to show the variability of the population of interest (Leoppky, Sacks, & Welch, 2008).



## Data Collection and Instruments

Data for this study was collected from case files by using a data extraction form (refer to Appendix). This form has twenty-one questions and is divided into four sections that serve to gain information about demographics, issues pertaining to the actual case, substance abuse issues, and reunification matters. In the demographic information section, there are questions about the age and ethnicity of the child(ren), mother, and possibly the father. The case information section looks at the substantiated allegations within the case, the number of children involved in the case, prior child welfare history, and whether or not the parent has a drug-related criminal background. The section about substance abuse information consists of the parent's drug of choice, type of substance services provided, and whether or not the parent completed the services. In the reunification information section, there are questions about how many months it took the family to reunify and whether or not the case adhered to the ASFA timeline.

The section about substance abuse information includes the question that pertains to the independent variable (type of substance abuse service), while the

section about reunification information has a question about the dependent variable (amount of time to reunify). The independent variable in this study is the type of substance abuse service that the parent received. The categories for the independent variable are the specific services that Riverside County DPSS, Children's Services Division provides for its clients. The possible categories for substance abuse services are: inpatient treatment, outpatient treatment, 12-Step program, Family Preservation Court, a combination of one or more of the services, or other. The independent variable is a nominal level of measurement because the different substance abuse categories have no quantitative meaning. The dependent variable in this study is the amount of time it takes for a family to reunify. The category for the dependent variable is asking for the number of months it takes for reunification to occur. The category for the dependent variable will show whether or not the clients were able to adhere to the family reunification guidelines put in place by ASFA. Because this category is asking for a certain amount of time, the dependent variable is a ratio level of measurement.

The data extraction form was created specifically for this study and includes the most significant elements of a substance abuse related case. This instrument was developed so that information from each case within the Child Welfare Services/Case Management System (CWS/CMS) can be easily found and placed into the data extraction forms.

The instrument used in this study identifies information related to demographics and the independent and dependent variables. It is a simple form that intends to gain the most useful information from the cases within the sample for the purposes of this study. Based on the available data within CWS/CMS, the data extraction form has content validity because the form adequately measures the major components of the independent and dependent variables. However, the questions within the form did not represent the entire sample.

#### Procedures

The first step in conducting this research study was to gain approval from Riverside County DPSS, Children's Services Division. A research project request describing the details of the study and asking for permission to use

information from Riverside County case files was submitted to the Research Coordinator, Manager, and Deputy Director at Riverside County DPSS, Children's Services Division. The Data Manager was also contacted in order to make sure that the Data Collection Department could pull out the necessary cases needed for this study from CWS/CMS.

Data collection took place from February 13, 2009 to March 19, 2009 at the Riverside County DPSS, Children's Services Metro Region Office. During the month of February 2009, data collectors within the Data Collection Department developed a query of two hundred cases that involved general or severe neglect because these allegations are mostly related to substance abuse. Due to the fact that the Data Collection Department separates case files based on the Welfare and Institutions Code (W&IC) 300 (codes that determine the allegation), a query of Metro, Valley, and West Corridor region cases that were opened from the first half of 2008, that involved severe or general neglect, and were recently reunified were used to create a list of potential eligible cases. Once the Data Department completed the list of potential cases, I was responsible for looking up the cases on

CWS/CMS to see whether or not the potential cases fit the sampling criteria. Data was retrieved from CWS/CMS by reading the Petition, Jurisdiction/Disposition Report, Case Plan, and Status Review Report of the eligible cases. Of the cases that complied with the sampling criteria, I completed the data extraction form for each case until I reached the sample size of fifty cases. The data collection procedure ended in mid-March 2009.

#### Protection of Human Subjects

The choice of the research design, along with the data collection procedures, enabled the full protection of the rights and welfare of all clients and cases in this study. There are no risks associated with participation in this research, since the participants were not actively involved. However, all participant information remained anonymous to ensure confidentiality. Any identifiers, such as client names, case numbers, and dates were not used in order to make sure that clients couldn't be identified. Also, the data extraction forms were given randomly assigned serial number codes to ensure that the case information would remain anonymous. The findings of this study were presented anonymously in

summative data, and any information that would link data with an identity will be destroyed at the conclusion of this study approximately by June 30, 2009.

### Data Analysis

This study employed a quantitative data analysis method using descriptive and inferential statistics. Descriptive statistics were employed in order to summarize demographic and substance abuse related data using measures of variability (i.e., mean, median, and mode) and measures of central tendency (i.e., range, variance, and standard deviation). In addition, inferential statistics were used to evaluate the relationship between the independent and dependent variables. Specifically, a simple analysis of variance (ANOVA) was utilized in order to test the relationship between the type of substance abuse service (independent variable) and the amount of time it takes under ASFA time frames for reunification to occur (dependent variable). Independent t-tests and Pearson's correlation coefficient were used to assess relationships between variables of interest as needed.

## Summary

The research method utilized for this study was a quantitative design that employed data extraction forms to conduct secondary data analysis of case files. The cases in the study sample consisted of clients that were in the Riverside County child welfare system due to substance abuse problems. In order to be a part of the sample, the child(ren) had to be removed from the home, at least one parent had to be provided substance abuse services, and the family must had to reunify within the past six months. The sample included fifty case files from throughout Riverside County, and the study ensured that the confidentiality and anonymity of the clients would not be breached. The data extraction form included four sections that pertain to gaining demographic information, details about the case, substance abuse information, and reunification time frames. There were specific questions within the data extraction form that included the independent variable (type of substance abuse treatment service) and the dependent variable (amount of time to reunify). Descriptive statistics were used to analyze the data. In order to answer the research question, test the research hypothesis, and show whether

or not there is a correlation between the independent and dependent variables, the study utilized inferential statistics in the form of a simple ANOVA test.



## CHAPTER FOUR

### RESULTS

#### Introduction

This section is comprised of the results of the research study. The section includes a brief description of the study's sample, along with the presentation of descriptive statistics and relevant frequencies. Bivariate findings are also presented in this section, in particular the results of simple one-way analysis of variance (ANOVA) tests and Pearson's correlations. The section concludes with an overview of the research findings.

#### Presentation of the Findings

The research used for this study was extracted from 50 general neglect cases throughout Riverside County that were opened from January to June 2008. Of the cases used for data extraction, 20 cases were from the Metro region, 15 from the West Corridor region, and 15 from the Valley region. These cases all had substantiated allegations of general neglect, due to the fact that parental substance abuse is a factor of child neglect. Out of the 50 cases, 9 cases had a combination of substantiated allegations.

The combination was either general neglect and physical abuse or general neglect and sexual abuse. 68% of the cases (34 cases) used in this sample had prior history within the child welfare system (CWS).

In all 50 cases within the sample, the mothers were the primary caregivers in their cases and were receiving some form substance abuse services from Riverside County DPSS, Children's Services Division. Only 29 fathers (58%), however, were involved in their cases and receiving substance abuse services. 18 of the cases (36%) used for the sample indicated that the mothers had some kind of criminal history related to substance abuse problems, such as possession of a controlled substance or intent to sell a controlled substance. 64% of the substance-abusing mothers within the sample (32 cases) did not have any known criminal history related to substance abuse issues. The 29 fathers that were involved in their cases, however, had a much higher percentage of substance abuse related criminal backgrounds. 62.1% of cases within the sample included fathers with criminal backgrounds associated with substance abuse problems.

There were an average number of about two children involved in each case ( $M = 2.42$ ,  $SD = 1.36$ ). Due to the

fact that most of the cases within the sample had more than one child involved, the age of the youngest child was utilized in order to determine whether or not a particular case adhered to the ASFA timelines. The average age of the youngest child involved in a case was about 4 years old ( $M = 4.02$ ,  $SD = 4.87$ ). The average age of a mother within the sample of 50 cases was 29 ( $M = 29.12$ ,  $SD = 8.31$ ). Out of the 29 fathers involved in the sample the average age was 31 ( $M = 31.24$ ,  $SD = 9.56$ ). Although there were six ethnicity categories in the data extraction form, the ethnic background of the children and parents was mainly dispersed between three groups: Hispanic, White, and Black. Of the 50 cases used for data extraction, 42% of the children involved were Hispanic (21 cases), 32% were White (16 cases), 22% were Black (11 cases), 2% were American Indian (1 case), and 2% were Other (1 case). The mothers involved in the cases used in the sample had the exact same ethnic background as the children. As for the 29 fathers involved, 37.9% were Hispanic (11 cases), 37.9% were White (11 cases), 17.2% were Black (5 cases), and 6.9% were Other (2 cases).

The 50 mothers and 29 fathers involved in the cases used for data extraction all had some form of substance

abuse problems. The primary drug of choice for both parents was methamphetamines. 66% of the mothers involved (33 cases) and 58.6% of the fathers involved (17 cases) primarily used methamphetamines. The frequencies of the parents' drugs of choice are shown in Figure 1 and Figure 2. A majority of the cases within the sample required a combination of substance abuse treatment services referred to by Riverside County DPSS, Children's Services Division. 38% of the mothers (19 cases) and 51.7% of the fathers (15 cases) involved in the cases received a combination of these services. These combinations were either inpatient treatment and randomized drug testing or outpatient treatment and randomized drug testing. Many parents in these cases were also provided with inpatient and outpatient services, without the added randomized drug testing. 32% of the mothers (16 cases) and 24.1% (7 cases) of the involved fathers participated in inpatient drug treatment services. 22% of mothers (11 cases) and 17.2% of fathers (5 cases) sampled went into outpatient treatment. The complete distribution of substance abuse treatment services referred to by Riverside County DPSS, Children's Services Division is shown in Figure 3 and Figure 4. Of the 50 cases used in this sample, 47 cases

(94%) showed that the mother successfully completed her assigned substance abuse services. There were only 3 cases (6%) where the mother did not complete her substance abuse services. Most of the fathers involved in their cases also completed their services, but not in as high a rate as the mothers. Out of the 29 fathers involved in the sample cases, 19 fathers (65.5%) fully completed their substance abuse services, while 10 fathers (34.5%) were unable to complete the services.

One of the main requirements for this sample was that the families involved in these cases had to be recently reunified, which meant that reunification had to occur within the past six months of the sampling period (January to June 2008). Within the 50 cases used for data extraction, the average amount of time it took for children to leave out-of-home placement and reunify with one or more of their parents was about 13 months ( $M = 13.62$ ,  $SD = 8.89$ ). The frequency of the number of months it took for these families to reunify is shown in Figure 5. Out of the 50 cases within the sample, only 18 cases (36%) complied with ASFA time frames. The other 32 cases (64%) did not comply with the ASFA timelines based on the age of the youngest child involved and the amount

of time the child was in out-of-home care. Of the 18 cases that complied with ASFA time frames, 12 cases (66.6%) ended up opening another referral/case, while 25 out of the 32 cases (78.1%) that did not comply with the ASFA time frames did not open another referral/case.

A one-way between groups analysis of variance (ANOVA) was conducted to evaluate the relationship between the type of substance abuse services that the mother on the case received and the number of months it took for reunification to occur. The alpha level was 0.05. This test was not found to be statistically significant,  $F(4, 45) = 1.29, p = .29$ , as shown in Table 1. Another between groups ANOVA test was performed in order to assess the relationship between the type of substance abuse services the involved father received and the amount of time it took the family to reunify. The alpha level remained 0.05. The results of this test showed that there was no statistical significance between type of substance abuse service and amount of time for reunification,  $F(4, 24) = .67, p = .62$ , as shown in Table 2. The mean amount of months reunification occurred based on the type of substance abuse services was also calculated. The means plot for the mothers' services are

illustrated in Figure 6, and the means plot for the fathers' services are displayed in Figure 7. Table 3 illustrates that reunification took the most time for mothers who received a combination of substance abuse services ( $M = 16.37$  months), while other forms of substance abuse services and randomized drug testing allowed reunification to occur in the least amount of time ( $M = 4$  months and  $6.67$  months, respectively). Table 4 shows that for the involved father, randomized drug testing took the most time for reunification to occur ( $M = 28$  months), while receiving 12-Step services enabled reunification to occur in less time ( $M = 6$  months).

A Pearson's correlation coefficient was also conducted that addressed the relationship between the number of children involved in the case ( $M = 2.42$ ,  $SD = 1.36$ ) and the amount of time it took for family reunification to occur ( $M = 13.62$ ,  $SD = 8.89$ ). Pearson's  $r$  was  $.37$ , and  $p < .01$ . This indicated the presence of a statistically significant, positive correlation between the number of children involved and the number of months it took for the family to reunify. Further analysis of the means revealed that parents of one child in out-of-home care took an average of about 8 months to reunify,

and parents with two children involved in the case took an average of about 13 months to reunify. Family reunification took even longer for parents with three to seven children involved in their child welfare cases, as the family reunified on average anywhere between 16 to 21 months.

#### Summary`

The study hypothesized that inpatient substance abuse treatment services would promote family reunification while still adhering to the ASFA time frames. After conducting a one-way between groups ANOVA test for the type of substance abuse received and the amount of time reunification occurred for all of involved parents within the sample, it was determined that there is no statistical significance between these two variables. A comparison of the means also showed that when parents were referred to inpatient services or a combination of substance abuse services, the reunification process generally took longer. Finally, performing a Pearson's correlation coefficient suggested that there was a positive relationship between the number



of children involved in a case and the number of months  
it took for family reunification.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This section will offer a discussion on the research findings, paying special attention to the findings related to parental substance abuse treatment services and reunification time. Limitations of the research study are also presented and explained in detail in this section. The section also provides insight into recommendations for social work practice, policy, and research related to parental substance and the child welfare system. Lastly, this section ends with concluding thoughts about the research study.

#### Discussion

The purpose of the study was to hypothesize that inpatient drug treatment services referred to clients by Riverside County DPSS are more likely to promote family reunification under the ASFA timelines than other types of drug treatment services. Specifically, it was predicted that inpatient treatment services, due to their intensive and regimented recovery programs, would enable parents to reunify with their children sooner than other

substance abuse treatment services, thereby adhering to the time frames put in place by ASFA.

A between groups ANOVA analysis revealed that there is no significant relationship among the type of substance abuse service that a parent receives and the amount of time it takes for the family to reunify. Due to the results of the analysis, the study rejects the hypothesis that inpatient drug treatment services referred by Riverside County DPSS are more likely to promote family reunification under the ASFA timelines than other types of drug treatment services.

In fact, the study showed that family reunification took more time for parents who were receiving inpatient or outpatient treatment services. Mothers who received inpatient or outpatient services took an average of a little over a year to reunify with their children, and mothers who received a combination of substance abuse services (either inpatient treatment and randomized drug testing or outpatient treatment and randomized drug testing) took an average of over sixteen months to reunify. Fathers who were involved in their children's services cases also took an average about a year to reunify with their family if they received inpatient or

outpatient treatment services. The reunification time also increased to an average of almost sixteen months for those fathers who received a combination of substance abuse services.

The increased amount of time to reunify for parents participating in inpatient or outpatient substance abuse services may also be related to the parents' drug of choice. Over half of the mothers and involved fathers in the cases used for this sample had methamphetamine as their primary drug of choice. Methamphetamine is an aggressive drug that is known to remain unchanged in the body longer than cocaine and other drugs (Otero, Boles, Young, & Dennis, 2006). Therefore, addiction specialists believe that methamphetamine abusers need more time to recover in inpatient or outpatient treatment facilities (Cretzmeyer, Sarrazin, Huber, Block, & Hall, 2003).

An unexpected finding that relates to the notion of increasing treatment time for substance abusers, especially those with methamphetamine addictions, arose when comparing cases that complied with the ASFA timelines with cases that opened another child welfare referral or case. The study found that of the 18 cases that complied with the ASFA time frames, 66.6% reopened

another referral or case. Conversely, of the 32 cases that did not comply with the ASFA time frames, 78.1% did not reopen another referral or case. These findings possibly suggest that the parents who were able to reunify with their children under the ASFA time limits, yet had another referral or case reopen after reunification occurred, may not have had enough time to fully work on their recovery. These findings also indicate that parents who took more time in reunifying with their children than the ASFA time frames permit, may not have reopened another referral or case because they had an extended amount of time to partake in substance abuse services and work on their recovery.

#### Limitations

Many limitations arose during this study. The relatively small sample size made it difficult for the sample to be generalizable. Although 50 cases were used in this sample, it did not reflect the scope and severity of parental substance abuse issues within Riverside County DPSS, Children's Services Division. The sample only focused on three out of the county's six regions, and only employed 50 out of the hundreds of parental

substance abuse cases that were open from January to June 2008.

Confounding factors were also present in this study that may have interfered with the statistical findings between the independent and dependent variables. Variables, such as child welfare history and substance abuse related criminal history, could be factors that affect the amount of time it takes for families to reunify. Unfortunately, these variables were not fully explored within the study. Another confounding factor was the number of children involved in a case. The use of a Pearson's correlation coefficient analysis showed that there was a significant relationship between the amount of children involved in a case and the amount of time it took for the family to reunify. The findings suggested that parents with more than one child involved in their child welfare case are more likely to take more time reunifying with their family, making these cases less likely to adhere to ASFA time frames. The variable for number of children involved in a case directly affected the time it took for families to reunify, without taking into consideration the parents' substance abuse treatment services. The study also failed to take into account

certain substance abuse risk factors that may affect the amount of time for reunification to occur, such as parents' substance abuse treatment history, substance abuse severity, and substance abuse frequency.

Another major limitation occurred during the data collection phase of the study. Riverside County's Data Department organizes child welfare cases by the W&IC 300 codes, which means that all cases are categorized into groups based on the original dependency allegations. The county's data coding process made it difficult to find cases that were directly linked to parental substance abuse factors. Due to the fact that parental substance abuse is most commonly linked to allegations of neglect, Riverside County's Data Department provided me with a list of 293 cases where children were removed from the home due to allegations of general neglect from January to June 2008. Of these 293 cases, over 30% could not be included in the sample because there was no involvement of parental substance abuse factors and parents were not receiving substance abuse services. In order to find cases from the data list that were eligible to be included in the sample, the researcher had to read the Detention Report, Jurisdiction/Disposition Report, Status

Review Reports, and Case Plans of each case within CWS/CMS. By reading these documents, the researcher could ascertain whether or not parental substance abuse was a factor in the removal of the children and if the parents received any services to address the issue of substance abuse. However, this was an extremely time consuming process that could have been alleviated if Riverside County's Data Department coded their cases not only based on the W&IC 300 codes, but also other, more detailed factors such as the presence of parental substance abuse.

#### Recommendations for Social Work Practice, Policy and Research

Parental substance abuse is one of the biggest challenges facing families within the child welfare system who have had their children placed in out-of-home care. These parents not only have to deal with the crisis of losing their children, they also have to participate in substance abuse treatment services in order to begin the road to recovery in order to regain the custody of their children. Although substance abuse treatment services differ, it is evident that parents who receive long-term services are more likely to experience positive outcomes towards their recovery and towards family



reunification. The greatest problem for these parents is that sobriety is a difficult and long process that is not necessarily supported by the reunification time frames put in place by ASFA.

Social welfare policy makers need to realize that substance-abusing parents may need extra time to work on maintaining their sobriety in order to reunify with their children. Because the substance abusing population is so prevalent within child welfare, policy makers should take into consideration that the ASFA time frames might not provide enough time for substance-abusing parents to fully recover, which may cause reunification to never occur or higher recidivism rates among this population. ASFA timelines need to be extended in order to give families with substance abuse histories a higher chance to stay together. This change in policy is necessary so that substance-abusing parents are given a fighting chance to meet child welfare requirements, undergo addiction recovery, and regain their family intact.

Parental substance abuse is a significant issue that needs to be fully addressed not only in the realm of child welfare policy but social work practice as well. As long as ASFA has its current family reunification

timeline, direct practice social workers need to provided substance-abusing parents who are involved in the child welfare system with comprehensive case management services that take into consideration the recovery process for addicts.

Throughout the years, extensive research has been conducted about substance abuse services within the child welfare system and the implications of the ASFA time frames. However, most of these studies are regional and focus on specific areas or counties, which does not make these studies generalizable. It is recommended that further research be conducted about this topic on a national scale. States and counties across the nation have to come together to produce research that proves whether or not the ASFA time frames are seen as barriers for substance-abusing parents who are trying to receive family reunification services. Findings from a national-based research study could be applied to populations across the nation and could assist child welfare policy makers in making decisions about the ASFA timeline.

## Conclusions

Although the study finds that there is no statistical significance between type of substance abuse treatment received and amount of time family reunification occurs, it is important to note that most forms of treatment services provided by Riverside County DPSS, Children's Services Division take time to successfully complete. Substance-abusing parents involved in the child welfare system need an extended amount of time to access and participate in substance abuse services in order to obtain sobriety and regain custody of their children. Due to the fact that an overwhelming amount of families within the child welfare system have substance abuse related issues, child welfare policy makers should look into increasing ASFA time frames in order to provide substance-abusing parents with ample time to recover and offer the family a real chance of remaining intact.

APPENDIX A  
DATA EXTRACTION FORM

## DATA EXTRACTION FORM

### Demographic Information

1. What was the age of the child(ren) at the time the child welfare system became involved?

Age of child(ren): \_\_\_\_\_

2. What is the ethnicity of the child(ren)?

1. Black      2. White      3. Latino/Hispanic      4. Asian/Pacific Islander  
5. American Indian      6. Other: \_\_\_\_\_

3. What was the age of the mother at the time child welfare system became involved?

Age: \_\_\_\_\_

4. What is the ethnicity of the mother?

1. Black      2. White      3. Latino/Hispanic      4. Asian/Pacific Islander  
5. American Indian      6. Other: \_\_\_\_\_

5. Is the father involved in the case?

1. Yes      2. No (If No, go to Question 8)

6. If the father is involved, what was his age at the time child welfare system became involved?

Age: \_\_\_\_\_

7. If the father is involved, what is his ethnicity?

1. Black      2. White      3. Latino/Hispanic      4. Asian/Pacific Islander  
5. American Indian      6. Other: \_\_\_\_\_

### Case Information

8. What was the substantiated allegation(s) of this case?

1. General neglect      2. Severe neglect      3. Physical abuse      4. Sexual abuse  
5. Combination: \_\_\_\_\_      6. Other: \_\_\_\_\_

9. How many children are involved in the case?

Number of children: \_\_\_\_\_

10. Was the child(ren) placed in out-of-home care?
  1. Yes
  2. No
11. Was there any prior history within the child welfare system?
  1. Yes
  2. No
12. Did the mother have any criminal history related to substance abuse?
  1. Yes
  2. No
  3. Unknown
13. If the father is involved, did he have any criminal history related to substance abuse?
  1. Yes
  2. No
  3. Unknown

**Substance Abuse Information**

14. What is primary drug (drug of choice) of mother?
  1. Alcohol
  2. Meth
  3. Cocaine
  4. Marijuana
  5. Other: \_\_\_\_\_
  6. Not Available
15. What type of substance abuse services did mother receive?
  1. Inpatient
  2. Outpatient
  3. 12-Step
  4. Family Preservation Court
  5. Drug Testing
  6. Combination: \_\_\_\_\_
  7. Other: \_\_\_\_\_
16. Did mother complete assigned substance abuse services?
  1. Yes
  2. No
17. If father is involved, what is his primary drug (drug of choice)?
  1. Alcohol
  2. Meth
  3. Cocaine
  4. Marijuana
  5. Other: \_\_\_\_\_
  6. Not Available
18. If father is involved, what type of substance abuse services did he receive?
  1. Inpatient
  2. Outpatient
  3. 12-Step
  4. Family Preservation Court
  5. Drug Testing
  6. Combination: \_\_\_\_\_
  7. Other: \_\_\_\_\_

19. If father is involved, did he complete assigned substance abuse services?

1. Yes    2. No

**Reunification Information**

20. How long did it take family to reunify?

Number of months: \_\_\_\_\_

21. Did the case comply with ASFA time frames?

1. Yes    2. No

22. Did this family open another referral or case after reunification occurred?

1. Yes    2. No

APPENDIX B

TABLES



Table 1. One-Way ANOVA: Months for Family to Reunify & Substance Abuse Services Provided to Mother

	<b>Sum of squares</b>	<b>df</b>	<b>Mean square</b>	<b>F</b>	<b>Sig.</b>
<b>Between groups</b>	398.78	4	99.70	1.29	.29
<b>Within groups</b>	3476.99	45	77.27		
<b>Total</b>	3875.78	49			

Table 2. One-Way ANOVA: Months for Family to Reunify & Substance Abuse Services Provided to Involved Father

	<b>Sum of squares</b>	<b>df</b>	<b>Mean square</b>	<b>F</b>	<b>Sig.</b>
<b>Between groups</b>	324.15	4	81.04	.67	.62
<b>Within groups</b>	2923.16	24	77.27		
<b>Total</b>	3247.31	28			

Table 3. Mean Amount of Months for Family Reunification Based on Type of Substance Abuse Service for Mother

	<b>N</b>	<b>Mean</b>	<b>Std. deviation</b>
<b>Inpatient</b>	16	12.75	5.30
<b>Outpatient</b>	11	12.91	5.15
<b>Drug testing</b>	3	6.67	1.15
<b>Combination</b>	19	16.37	12.45
<b>Other</b>	1	4.00	
<b>Total</b>	50	13.62	8.89

Table 4. Mean Amount of Months for Family Reunification Based on Type of Substance Abuse Service for Father

	<b>N</b>	<b>Mean</b>	<b>Std. deviation</b>
<b>Inpatient</b>	7	13.71	6.56
<b>Outpatient</b>	5	11.80	5.22
<b>12-step</b>	1	6.00	
<b>Drug testing</b>	1	28.00	
<b>Combination</b>	15	15.93	13.51
<b>Total</b>	29	14.76	10.77

APPENDIX C

FIGURES

Figure 1. Frequency of Mother's Primary Drug of Choice

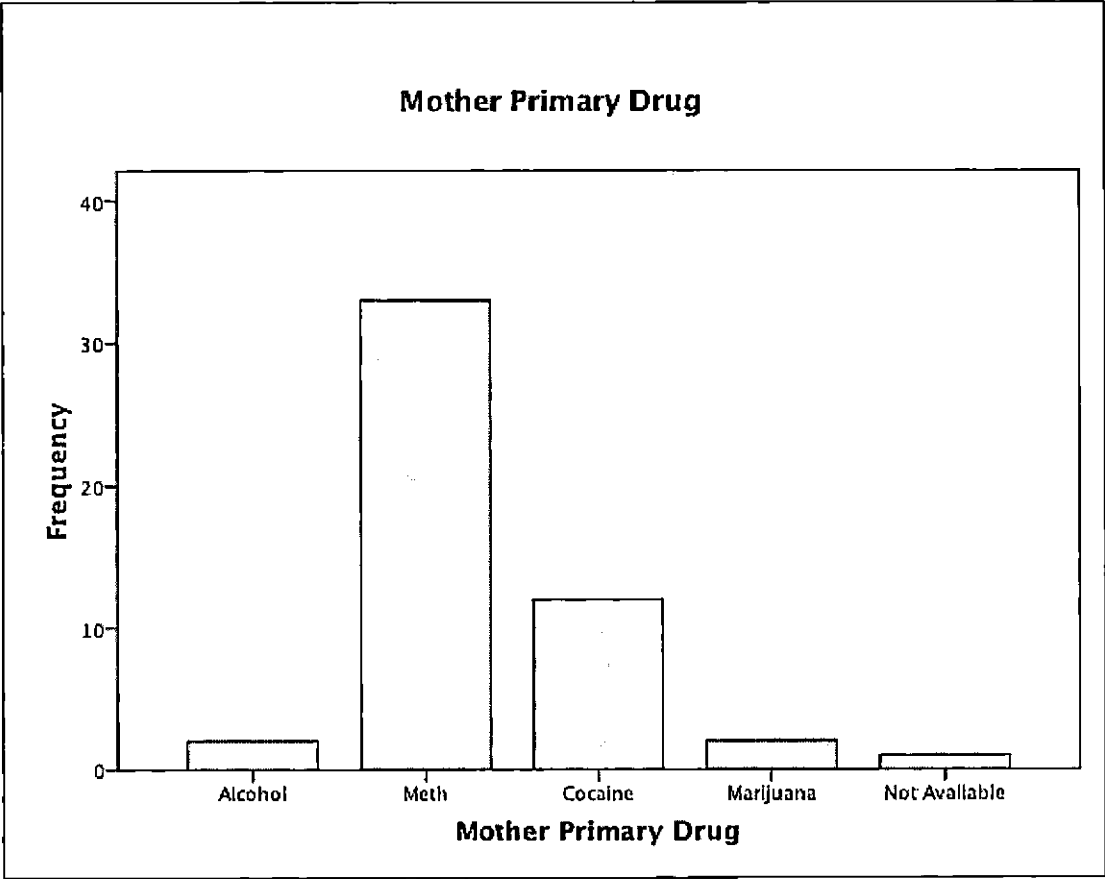


Figure 2. Frequency of Involved Father's Primary Drug of Choice

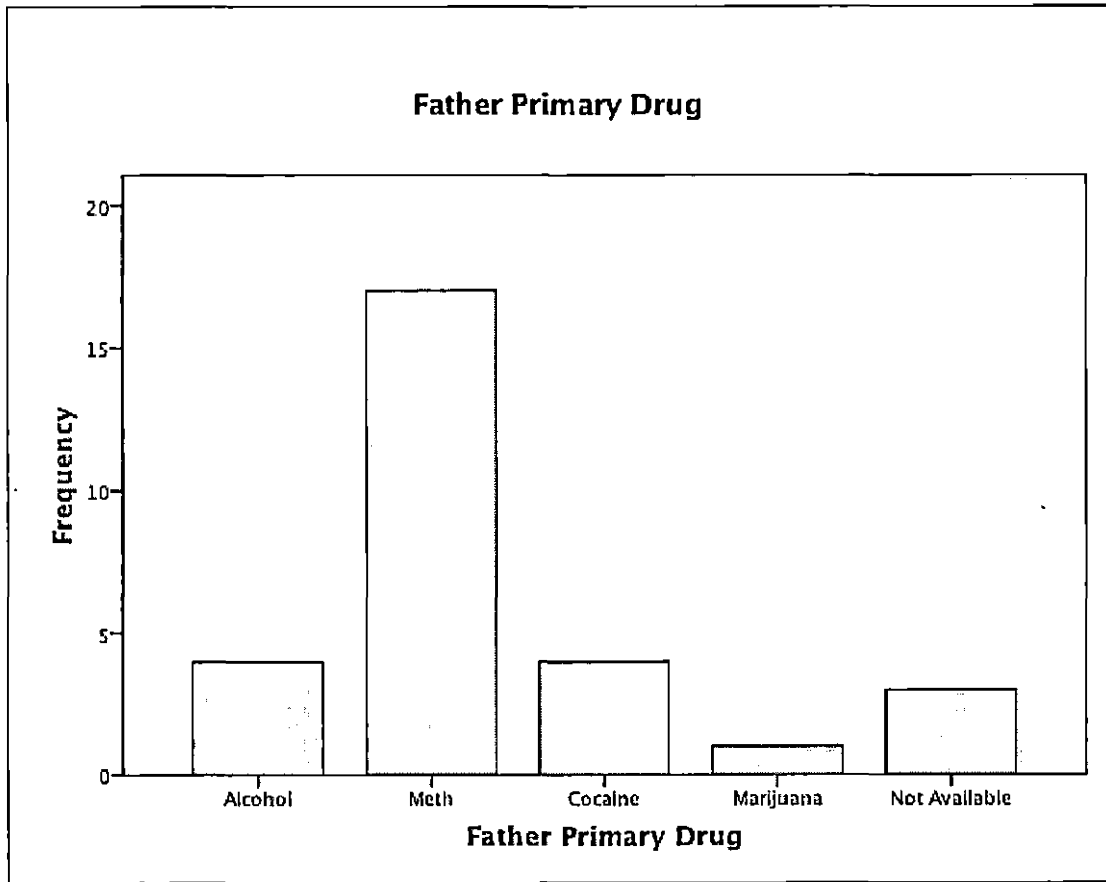


Figure 3. Frequency of Substance Abuse Services for Mothers

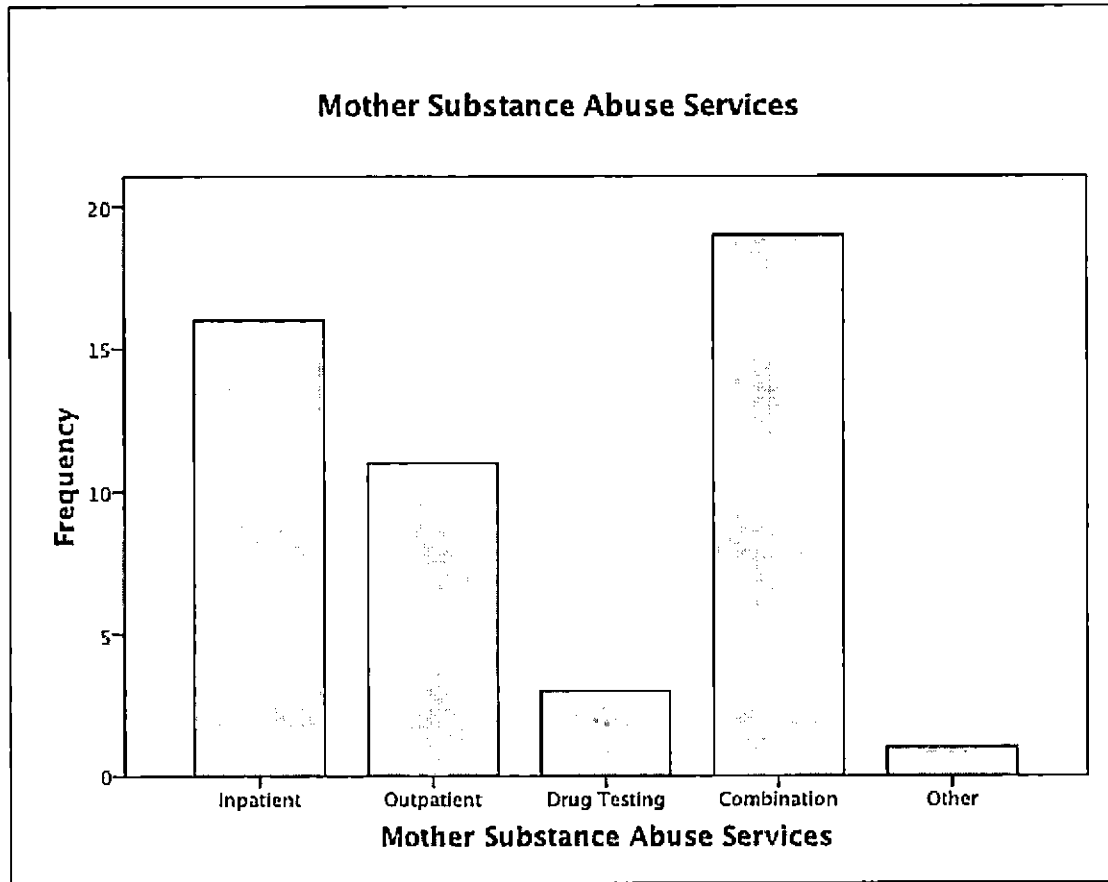


Figure 4. Frequency of Substance Abuse Services for Involved Fathers

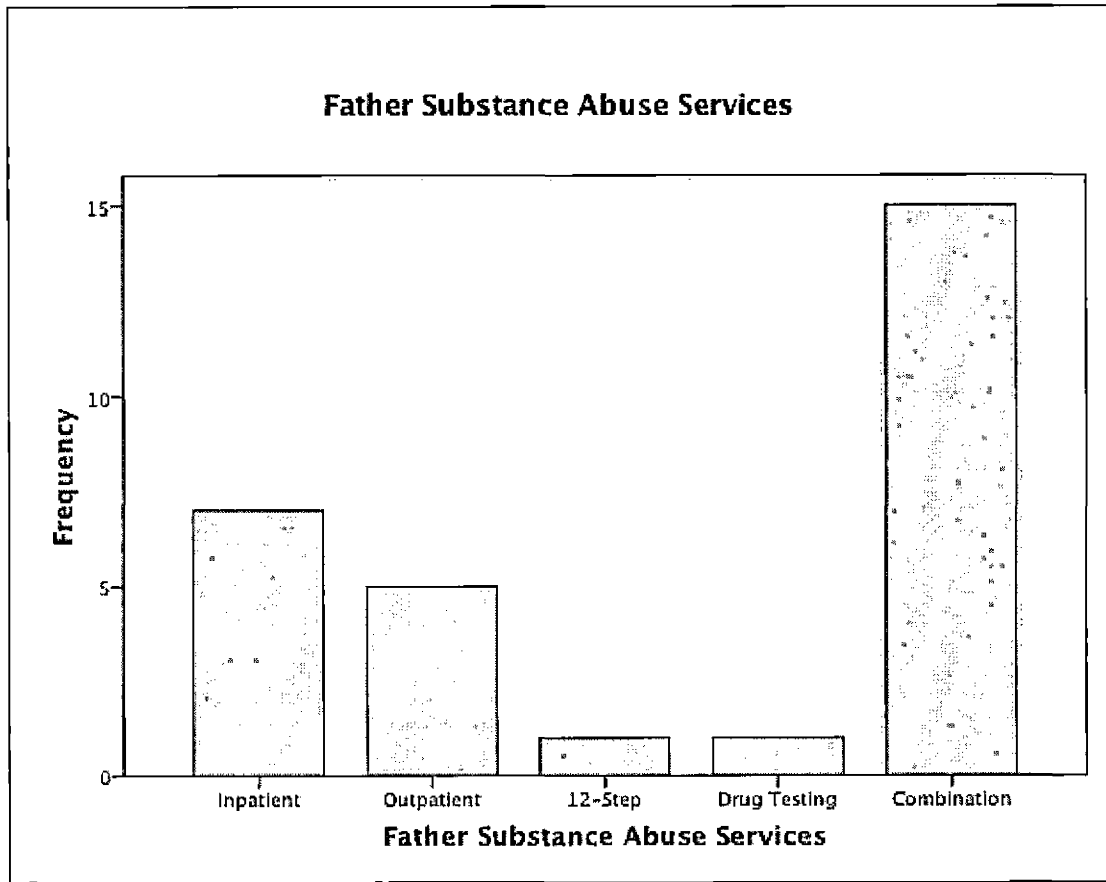


Figure 5. Amount of Months for Family Reunification to Occur

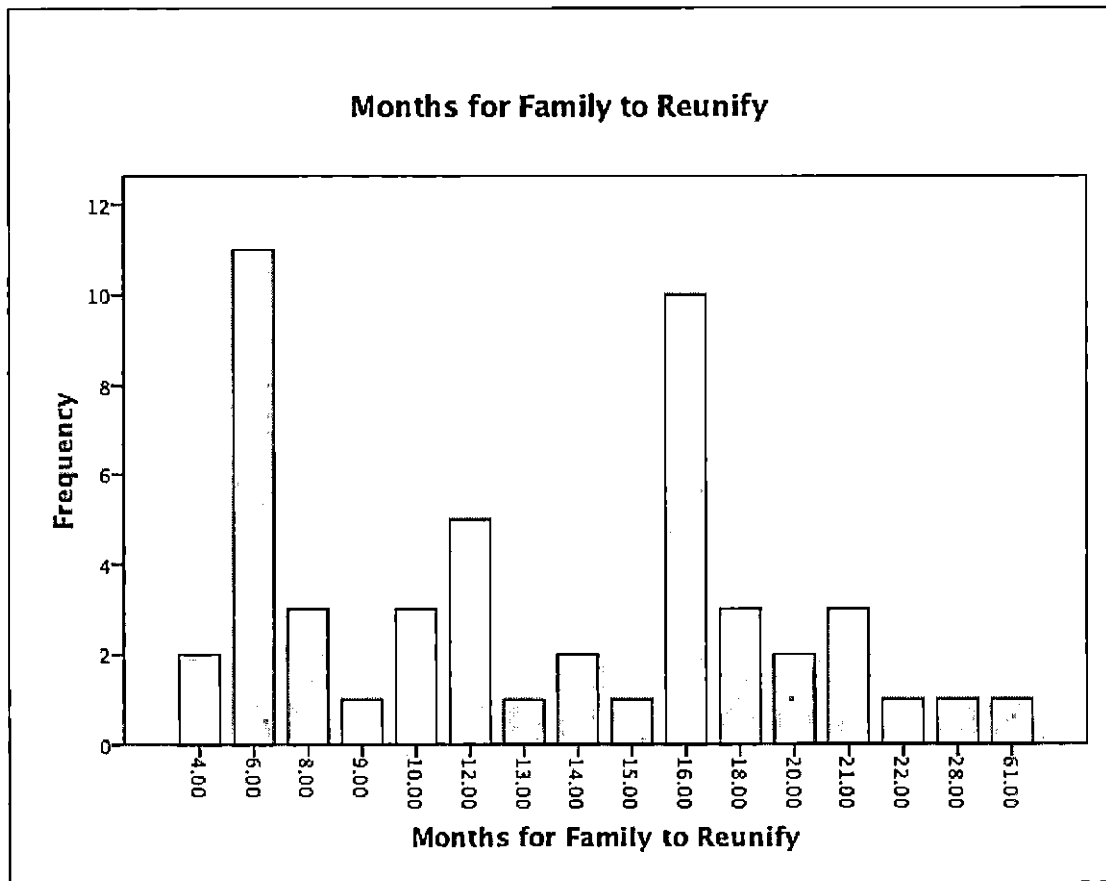




Figure 6. Mean Amount of Months for Family Reunification Based on Type of Substance Abuse Service for Mother

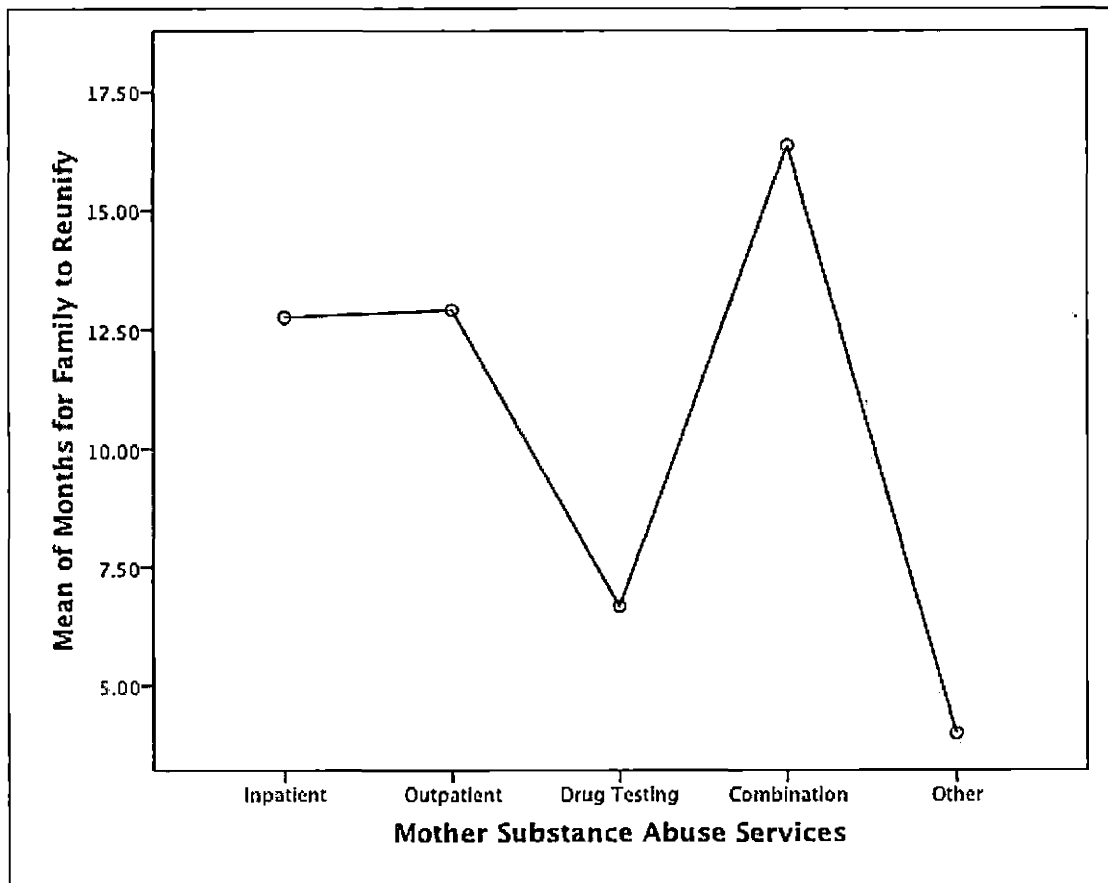
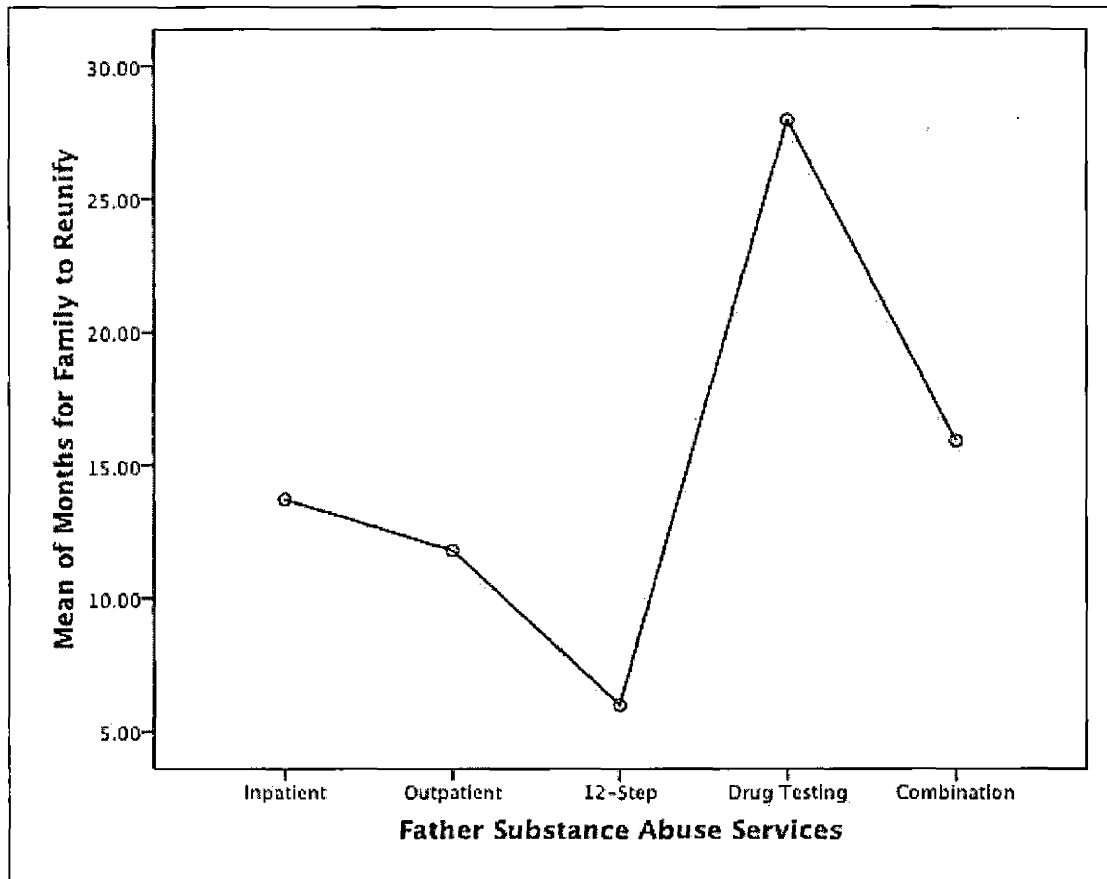


Figure 7. Mean Amount of Months for Family Reunification Based on Type of Substance Abuse Service for Father



## REFERENCES

- Brook, J., & McDonald, T. P. (2007). Evaluating the effects of comprehensive substance abuse intervention on successful reunification. *Research on Social Work Practice, 17*(6). Retrieved May 29, 2008, from EBSCOhost database.
- Chang, J. (2008, April 30). *Types of probability sampling*. Presented at SW 612 lecture at California State University San Bernardino.
- Chang, J. (2008, May 21). *Unobtrusive approaches to data collection*. Presented at a SW 612 lecture at California State University San Bernardino.
- Child Welfare Information Gateway. (2003). *Substance abuse and child maltreatment: Bulletin for professionals*. Retrieved October 10, 2008, from [http://www.childwelfare.gov/pubs/factsheets/subabuse\\_childmal.cfm](http://www.childwelfare.gov/pubs/factsheets/subabuse_childmal.cfm)
- Cretzmeyer, M., Sarrazin, M. V., Huber, D. L., Block, R. I., & Hall, J. A. (2003). Treatment of methamphetamine abuse: research findings and clinical directions. *Journal of Substance Abuse Treatment, 24* (3). Retrieved April 27, 2009, from ScienceDirect.
- Green, B. L., Rockhill, A., & Furrer, C. (2006). Understanding patterns of substance abuse treatment for women involved with child welfare: The influence of the adoption and safe families act. *The American journal of Drug and Alcohol Abuse, 32*. Retrieved May 29, 2008, from Expanded Academic ASAP database.
- Humphrey, K. R., Turnbull, A. P., & Turnbull, H. R. (2006). Impact of the adoption and safe families act on youth and their families: Perspectives of foster care providers, youth with emotional disorders, service providers, and judges. *Children and Youth Services Review, 28*(2). Retrieved May 29, 2008, from Expanded Academic ASAP database.

- Karoll, B. R., & Poertner, J. (2002). Judges', caseworkers', and substance abuse counselors' indicators of family reunification with substance-affected parents. *Child Welfare, 81*(2). Retrieved May 29, 2008, from EBSCOhost database.
- Leoppky, J. L., Sacks, J., & Welch, W. (2008). *A practical guide of choosing sample sizes*. Retrieved November 19, 2008, from <http://www.niss.org/technicalreports/tr170.pdf>
- Otero, C., Boles, S., Young, N. K., & Dennis, K. (2006). *Methamphetamine addiction, treatment, and outcomes: Implications for child welfare workers*. Irvine, CA: National Center on Substance Abuse and Child Welfare.
- Rockhill, A., Green, B. L., & Furrer, C. (2007). Is the adoption and safe families act influencing child welfare outcomes for families with substance abuse issues? *Child Maltreatment, 12*(1). Retrieved May 29, 2008, from Expanded Academic ASAP database.
- Ryan, J. P. (2006). *Illinois alcohol and other drug abuse waiver demonstration: Final evaluation report*. Retrieved May 28, 2008, from <http://cfrwww.social.uiuc.edu/pubs/pdf.files/AODA.01.06.pdf>
- Smith, B. E., Elstein, S. G., & Klain, E. J. (2005). *Parental substance abuse, child protection, and ASFA: Implications for policy makers and practitioners*. Retrieved December 29, 2008, from [http://www.abanet.org/child/final\\_report\\_dec22.pdf](http://www.abanet.org/child/final_report_dec22.pdf)
- Sumner-Mayer, K. (2003). Building bridges back home: Parental substance abuse and family reunification. *The Source: The National Abandoned Infants Resource Center, 12*(1). Retrieved October 10, 2008, from [http://aia.berkeley.edu/media/pdf/source\\_vol12\\_nol.pdf](http://aia.berkeley.edu/media/pdf/source_vol12_nol.pdf)

- Tisch, R., Dohse, D., & Sibley, L. (2005). Celebrating families: An innovative approach for working with substance abusing families. *The Source: The National Abandoned Infants Resource Center*, 14(1). Retrieved October 10, 2008, from [http://aia.berkeley.edu/media/pdf/source\\_vol14\\_nol.pdf](http://aia.berkeley.edu/media/pdf/source_vol14_nol.pdf)
- Young, N. K., Gardner, S. L., Whitaker, B., Yeh, S., & Otero, C. (2005). A review of alcohol and other drug issues in the states' family and child services reviews and program improvement plans. Retrieved May 28, 2008, from <http://www.ncsacw.samhsa.gov/files/SummaryofCFSTRs.pdf>
- Zastrow, C., & Kirst-Ashman, K. K. (2007). *Understanding human behavior and the social environment* (7<sup>th</sup> ed.). Belmont, CA: Thomson Brooks/Cole.