A process evaluation of the recovery process among Fulton County family drug court program participants

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ABSTRACT

SOCIAL WORK

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B.A. UNIVERSITY OF THE V.I., 1998

A PROCESS EVALUATION OF THE RECOVERY PROCESS AMONG FULTON COUNTY FAMILY DRUG COURT PROGRAM PARTICIPANTS

Advisor: Dr. Sarita Davis

Thesis dated May 2005

This study evaluates the Fulton County Juvenile Court's Family Drug Court Program (FDC). The program was established under an initiative to provide substance abusing mothers a chance through recovery from the disease of chemical dependence. Specifically, this evaluation examines participants’ perceptions of their recovery process and implications for maintaining sobriety. Sobriety is measured by the participating mothers’ perception of the interventions and sanctions provided to them during each phase of their recovery process. A sample of adult files (N=20) were drawn from the FDC program.

Demographic and other data were collected from the courts Juvenile Court Automated Tracking System (JCATS). The frequency distributions of positive and negative responses were examined. The researcher found that overall, interventions provided by the Fulton County Juvenile’s Family Drug Court program demonstrated a positive impact on participating mothers’ ability to maintain sobriety.
Symbolic Interaction theory explains the use of Social Work skills through family preservation. This theory is used to assess the efficacy of the Family Drug Court’s process.

The results of this study can be used to improve the services offered by the Family Drug Court team and ultimately reduce relapse rates. It is this study’s intent to inform program administrators of how recovery is perceived by their clients.
A PROCESS EVALUATION OF THE RECOVERY PROCESS
AMONG FULTON COUNTY FAMILY DRUG COURT
PROGRAM PARTICIPANTS

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY

STACIE T. STOUTT

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 2005
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This project is dedicated to my grandmother, Mrs. Celestine Stoutt, and in loving memory of Mrs. Virginia Stoutt and Mrs. Miranda Stoutt-Thompson. Throughout my life, you have believed in me at times when I was not sure that I believed in myself.
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CHAPTER I

INTRODUCTION

The notion of Drug Court was first derived in 1989 as an experiment in the state of Florida. Since that time, almost all 50 states have jumped on the bandwagon in support of the drug court movement. Drug Courts are special operating judicial proceedings headed by a Judge or Associate Judge. It is most often used with nonviolent drug offenders that entail: more intense supervision of offenders in the community; greater accountability of defendants for complying with conditions of release and/or probation; greater coordination and accountability of public services provided and reduced duplication of services (Drug Court Clearinghouse and Technical Assistance Project, 1998). Drug Court has been praised mainly because of its holistic approach to healing nonviolent drug dependent offenders, as well as using other interrelated components that serve to and reunify the family system.

What has made the drug court movement so powerful and infectious is its human element. Approximately two-thirds of the participants are parents of minor children. The outcomes continue to show that Drug Courts are achieving their goals. The preliminary outcome data is promising. According to the Drug Court Clearinghouse and Technical Assistance Project, 500 children born to drug addicted
parents were successfully unified with their families (Drug Court Clearinghouse and Technical Assistance Project, 1998).

The Fulton County Juvenile’s Family Drug Court was modeled from other functioning Drug Courts within the United States. The drug court is in their early stages of operation. It began its operation in December 2003. A parent comes to the attention of FDC when they fall at risk of losing their child to deprivation stemming from drug use. The parent is then presented to the FDC team. The team then decides whether or not the parent is accepted into court. This decision is based on:

- Agency reports
- Testimony from family or others which include information relevant to records of prior child abuse and neglect allegations and investigations
- Significant physical or mental health impairment that interfere with the parents ability to care for their children
- Parents’ perception of the impact of their substance abuse on family life in parenting
- Parents’ participation in parenting education classes or response to in-home instructions (attendance patterns, level of involvement, and indicators of progress)
- Observations of parents/child interactions, parents’ behavior towards their children when using drugs and alcohol and visitation patterns if a child is in “out of home care.”
Members of the Family Drug Court team are trained in substance abuse intervention and treatment appropriate to his or her team role and understand the disease of chemical dependency. The Fulton County Juvenile Family Drug Court team is made up of the judge, drug court coordinator, on-site facilitator, evaluator, treatment case manager, Department of Family and Children Services (DFACS) supervisor, DFACS case manager, treatment providers, DFACS' attorney, Family Drug Court parent attorney, Family Drug Court child advocate attorney, Family Drug Court judicial case manager, Court Appointed Special Advocate and bailiff. This multidisciplinary team identifies appropriate treatment resources and provides evaluations of the progress made by participants in Family Drug Court. Once the parent is accepted, they then begin the first phase.

The program has four phases that are designed to take approximately 12 to 14 months to complete. Each phase ascertains distinct treatment goals and specified minimum time periods for completion. In the FDC a participant’s phase location is a sign of progress. The four phases composed by FDC are characterized by a list of requirements that are tested weekly. All FDC participants have to maintain these minimum requirements for a specified period of time before they can be promoted to the next phase. Participants are required to progress to each phase in a sequential order. They cannot skip phases but they can be demoted to a previous phase for non-compliance. For this evaluation, the Fulton County Juvenile’s Family Drug Court’s interventions that promote sobriety would include drug treatment, weekly urinalysis,
weekly court attendance and attendance to child/ren. It is expected that these variables would have an impact on sobriety.

In phase one the participant must attend weekly court sessions; must comply with any sanctions and or recommendations from treatment providers, Department of Family and Children Services (DFACS) and the FDC team; must have consistent treatment attendance; must ensure that their child’s basic needs are met and must have six consecutive weeks of clean drug screens. Phase two requires the participant to attend court sessions every other week; continue to comply with sanctions and or recommendations from Treatment Providers, DFACS and the FDC team; maintain consistent treatment attendance; have eight weeks of consecutive clean drug screens and continual insurance that the child’s basic needs are met. Phase three entails attending monthly court sessions; having 12 consecutive weeks of clean screens; continual compliance with sanctions and/or recommendations from Treatment Providers, DFACS and the FDC team; insure the child’s basic needs are met; begin job readiness and seek decent, safe, and sanitary housing. Team expectations change as the participant progresses through the phases. When participants are new to the program, the expectations are low. Positive tests and less than honest performance in treatment are expected. Conversely, by phase four, participants should be using the skills gained in the previous phases to complete the program successfully and share honestly any concerns about sobriety. Phase four requires participants to attend monthly court sessions, have 24 consecutive weeks of clean screens; have a relapse prevention plan and complete all graduation requirements. This study aims to evaluate these parents’
perceptions of each phase in the recovery process of the Fulton County Juvenile Family Drug Court (FDC) and whether these phases contribute to sobriety.

Purpose of Evaluation

The Fulton County Juvenile Court has embarked on a "non-adversarial approach" (Operating Manual, 2003) to drug offending parents. The authority of the juvenile court maybe necessary to gain the substance abusing parent’s co-operation in obtaining and/or receiving services, including the treatment of substance abuse.

Participating parents’ ability to maintain sobriety is greatly influenced by their perception of the process of drug court. Maintaining sobriety is measured by their perception of the interventions and sanctions provided to them during each phase of their recovery process. The purpose of this evaluation is to focus on each phase in the recovery process to better understand its implementation and efficacy in moving clients toward sobriety.

Background of the Problem

The concept of Drug Court was born when state prisons became flooded with drug offenders, leaving little resources for more serious felonies. Since the 1980s, the drug epidemic in the United States and the adoption of tougher drug policies by lawmakers and officials has contributed to an overload of drug cases. Tougher drug policies by lawmakers and officials have also contributed to an overload of drug cases on judicial dockets (United States General Accounting Office Report, 1997b). Over the last decade the judicial, human services treatment and mental health systems have
worked collaboratively to address the rapid increase in recidivism rates of these offenders. It became clear that drug abuse treatment was more effective in reducing drug addiction and drug related crimes.

To respond to this longstanding problem Title V of the Violent Crime Control and Law Enforcement Act of 1994 was implemented. The title called for federal support for the drafting, executing and enhancing of the drug court for nonviolent drug offenders. This federal support has helped to accelerate the growth of drug courts (Belenko, 1998). Between 1995 and 1997, the U.S. Department of Justice provided a total of $56 million in funding to drug courts. This included 151 planning grants to help jurisdictions develop a drug court design, 99 implementation grants to start new drug courts and 29 enhancement grants to expand existing drug courts (Drug Courts Program Office, 1997).

The objective of drug courts is to use the court system to coerce offenders into abstinence and prosocial behavior (Belenko, 1998). The judicial system can improve treatment outcomes and reduce recidivism by mandating drug treatment and establishing linkages with the treatment community (Belenko, 1999). The coercive power of the court is used to encourage success and compliance with treatment goals (Hora et al., 1999). Specifically, legal coercion is used to force abstinence and alter behavior (Drug Courts Program Office, 1995).

Wheeler and Siegerist (2003) defines Family Drug Court as aiding parents in regaining control of their lives and promote long term stabilized recovery to enhance the possibility of family reunification within mandatory legal time frames where judges,
attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent.

Fulton County, in Atlanta, Georgia has a need for a drug court program which would assist drug abusing mothers with their children, to seek treatment in an effort to increase family involvement and support. The mission of the Family Drug Court of the Fulton County Juvenile Court is to motivate substance abusing mothers who are at risk of losing their children to foster care, to seek recovery from the disease of chemical dependency by offering them the best opportunity for success. Opportunities are presented in the form of intensive legal and therapeutic collaborative efforts of the Fulton County Juvenile Court, the Fulton County Department of Family and Children Services and the treatment providers, to create healthy, drug-free families in which children can thrive (Operating Manual, 2003). Communication with Associate Judge, Sharon Hill, who is the presiding judge of the Fulton County Juvenile’s Family Drug Court, has revealed however that the team in practice has realized that every parent has someone to provide care for their children, hence has admitted that this clause should be revised (personal communication, September 29, 2004).

The goals of the Fulton County Family Drug Court are as follows:

- To achieve at least 70% successful graduation rate from the Family Drug Court program to be measured beginning 12 months from the initiation of the program and every 12 months thereafter.
• To minimize the relapse rate of parents resulting in a deprivation petition seeking removal of a child from the parent's home to be measured during the first 12 months after successful graduation. Relapse that is successfully contained and ended with safety measures in place for the children, and without the need for removal, will not be counted under this measure.

• To increase the ability of each recovering parent to deal with relapse in a way that keeps children safe without the need for a new deprivation petition seeking removal of that child.

• To reduce the recurrence of substantiated cases of neglect or abuse by 10% annually for program participants.

• To reduce the time for reunification by 10% annually in any case in which the child must be removed from the home due to the parent's substance abuse.

• To maximize the utilization of all available substance abuse treatment, housing, counseling, mental health and other resources currently available in Metro Atlanta.

• To increase the number of available treatment slots (both out-patient and in-patient) for substance abusing parents in the Metro Atlanta area.

• To increase the number of parents participating in the Family Drug Court by 20% each year of operation over the next five years (Operating Manual, 2003).
The FDC team meets prior to the “in-Court” status hearing calendar to discuss each parent’s progress in treatment, results of urinalysis, level of cooperation, and the welfare of the child. Each team member attends the staffing prepared to discuss recommendations and together forms a consensus of recommendations to be communicated by the judge to the parent during the status hearing. The frequency of the status hearings will be tied directly to the parent’s level of treatment and progress in the different phases of the Treatment Court program.

Statement of the Problem

Drug addiction is a nation wide problem in the United States. It has plagued our community for several decades at epidemic proportions. Drug and drug related offenses are the most common crime in nearly every community (Drug Strategies, 1996). Literature has confirmed that concerns have focused on the effect of drugs on mothers. Women are at high risk for Sexually Transmitted Diseases, physical assaults or death and drug-dealing experiences. Other consequences are dysfunctional relationships with family members and peers along with employment instability (Freeman, 1994). The Fulton County Juvenile’s Family Drug Court Program is relatively new in Fulton County. Its challenge is to offer substance abusing parents the best opportunity for a successful recovery through its goals, by having representatives from each discipline (child welfare, treatment and judicial), working together to meet the unique needs of each participating parent. The program has never been evaluated; thus, a thorough examination of its major phases can help to identify areas where the program is and is not working and ultimately improve implementation and outcomes in the program.
In addition to this, the Family Drug Court concentrates on mothers who do not have family members readily able to provide homes for their children, and so are truly at risk of losing them to foster care if they fail to recover from their substance abuse (Operating Manual, 2003). This may result from family relationships that may have been severed due to the mother’s drug abuse. The result is often a series of distant or cut off relationships that tend to reinforce the woman's sense of hopelessness about her addiction and the potential plight of her child (Freeman, 1994). In order to maximize the potential for a high quality of life for these at risk and high risk children, the components of the overall program must be analyzed.

Significance of the Evaluation

An accurate evaluation regarding the success of the drug court program should take into account the perceptions of those who are affected. Participating mothers and their children can benefit from this evaluation. Dehar and Casswell (1993) defines a process evaluation to be a technique used for comparing program plans to actual operations, which will assess the extent of program implementations. They are used to improve programs strengths, weaknesses, and specific components influencing outcomes. If achievable factors are implemented, the program will be more effective in producing healthy, drug free families as well as being awarded more funding. Findings in addition, can be helpful to FDC administrators in identifying procedures on how to improve the process through the perception of services received by their clientele. This information has the dual role of assisting in outcomes of the program and increasing participants’ chance in the road to recovery.
Summary

In summary, the Fulton County Juvenile's Family Drug Court Program offers drug abusing mothers a chance to take control of their own recovery for the benefit of themselves and their children. The purpose of this chapter was to give a general overview of the program that is addressed in this evaluation. In exploring and presenting a brief background of drug abuse, the evaluator attempted to make an association of the chemically dependent parent and the purpose of the implementation of the drug court, its goals and existing phases. Moreover, an examination of the efficacy in the improvement of services for these parents was made.

Chapter 2 discusses the supporting literature that helps bring focus to the importance of drug court programs and ongoing research methods on how to address problems presented in the recovery process. The literature review reflects on empirical works as they relate to drug addiction, substance abuse on the family, the intervention of drug court and the recovery process. Chapter 3, the methodology section, provides information on how the FDC program was evaluated. Chapter 4 presents the findings of the evaluation objective. Chapter 5 presents a discussion on the findings and in conclusion Chapter 6 discusses the implications as they relate to social work practice.
CHAPTER II

REVIEW OF THE LITERATURE

This review of the literature is divided into 4 subsections. They are (a) Drug Addiction, (b) Impact of Substance abuse on Family Life, (c) Efficacy of Drug Court and (d) The Recovery Process.

Drug Addiction

Drug use has had an impact on the American public for several years. With the widespread use of heroin, marijuana, and different forms of cocaine its use grew dramatically during the 1950s through the 1980s. Wickizer, Maynard, Atherly, Federick, Koepsell, Krupski, and Stark (1994) stated that drug abuse and alcoholism represent significant public health problems that have generated increased concern in recent years. Hence, policy makers were forced to draft tougher drug policy laws and sentencing. Early efforts to reverse this development centered on redefining criminal codes and enacting stiffer penalties for drug possession and sales (Beckerman & Fontana, 2001).

Drug laws have created an overload in our prisons systems creating a bigger strain on the U.S. economy and the taxpayer. A sizable portion of these expenditures came from states, which, in the face of federal cutbacks, had to shoulder a greater
burden to support needed treatment programs. Along with this burden came a greater need for accountability and program monitoring. While these actions had little impact on reducing drug use, they did manage to fill American prisons. The U.S. Department of Justice Bureau of Justice Statistics indicated that at least 77%-81% of inmates were drug and/or alcohol abusers in their lifetime (Logan, Williams, Leukefeld & Minton, 2001). An unanticipated consequence of the resulting overcrowding of prisons with drug offenders was the compromise in the criminal justice system's ability to respond to violent and career felons (Beckerman & Fontana, 2001).

Based on the rise of drug use, treatment programs for chemical dependency were also instituted. In 1989, an estimated $4 billion was spent to support drug and alcohol treatment programs in the United States, almost half of which represented public expenditures (Wickizer et al., 1994).

Impact of Substance Abuse on Family Life

According to Kropenske et al. (1994), parental substance abuse is increasingly recognized as a significant factor in cases of child maltreatment. Estimates suggest that 50 - 80% of all child abuse and neglect cases substantiated by Child Protective Services involve some degree of substance abuse by the child’s parents. The authors went on to paraphrase that children who reside in households in which alcohol and other drugs are abused may suffer harm... by a parent's overriding involvement with alcohol and other drug usage and may leave the parent emotionally and physically unavailable to the child.
Based on a Substance Abuse and Mental Health Service Administration (SAMHSA), National Household Survey in 2001 more than 6 million children lived with at least one parent who abused or was dependent on alcohol or an elicite drug during the past year. This involved about 10% of children age 5 or younger, 8% of children age 6-11 and 9% of youths age 12-17. A 1997 Child Welfare League Study of state child welfare agencies estimated that 67% of parents in the child welfare system required substance abuse treatment services, for child welfare agencies were able to provide treatment for only 31% of the families who needed it. In most states, when treatment was available parents had to wait up to twelve months to get it (Banks & Boehm, 2001, paragraph 4 and 7). Caring for children in substance abusing families is a major factor in child welfare and has other social cost as well.

A parent's mental functioning, judgment, inhibitions and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect. A substance-abusing parent may "disappear" for hours or days, leaving the child alone or with someone unable to meet the child's basic needs (Kropenske et al., 1994). In addition to disappearance, children in the household may be deprived of necessities such as clothing and "basic food" because of their parents addiction. Moreover, a child's health and safety may be seriously jeopardized by criminal activity associated with the manufacture and distribution of illicit drugs in the home (Kropenske et al., 1994).

Drug addiction is a disease. Addicted parents vision most often is blurred by the intense desire to keep their "high". This desire may be so overwhelming that the
parents may not realize the effect of their drug usage on their children. According to a 1999 survey by Prevent Child Abuse America, 85% of states identified substance abuse as the problem most frequently exhibited by families reported to child protective service agencies for maltreatment (Banks and Boehm, 2001, paragraph 5). As is true in most cases of child maltreatment, parents and caregivers who abuse alcohol and/or other drugs do not intend to harm their children. Most do not stop to consider that even a single incident of substance abuse can result in serious injury to their child (Kropenske et al., 1994) Child abuse and neglect and substance abuse are inextricably intertwine an estimated 40% - 80% of the 3 million children who come to the attention of the child welfare system each year live in families with alcohol or other drug problems. The use and abuse of alcohol and other drugs has a profound effect on millions of children and their families and possesses a challenge to the capacity of the child welfare system (Banks and Boehm, 2001, paragraph 3). Because of the harmful repercussions commonly associated with substance abuse, early identification of the problem and early intervention are essential. Children whose parents' abuse alcohol and other drugs are nearly three times as likely to be abused, and more than 4 times as likely to be neglected, than other children whose parents are not substance abuse users.

Although only a small percentage of substantiated child abuse and neglect cases go to court, those that do are heard exclusively in the juvenile courts' civil proceedings. One exception, however, is severe physical abuse or neglect or sexual abuse by a substance abusing parent. In such cases, criminal prosecution maybe concurrent with juvenile court proceedings. In addition, there have been isolated attempts to criminally
prosecute pregnant substance abusing women and women who have delivered drugs or alcohol affected newborns. In general, however, criminal prosecution is not a common legal intervention in child maltreatment cases that involve either prenatal or parental substance abuse. Rather, such cases are usually brought before the civil court (juvenile court) where the aim is the protection of the child while the parent is in treatment (Kropenske et al., 1994).

Drug Court research conducted by Gruber, Fleetwood and Herring (2001) established that (a) additional research should be paid to the multigenerational effect of substance abuse and to research to establish effective ways to have families achieve recovery and that (b) research is needed on developing creative approaches to address the immediate and long-term needs of substance-affected families. The National Center of Child Abuse and Neglect concurred, by stating, because of the intergenerational nature of substance abuse and child maltreatment, it is important to carefully evaluate relatives' past and present functioning with regard to their ability to meet the child's basic needs and to ensure that the child is protected from harm (Kropenske et al., 1994).

Efficacy of Drug Court

The substance abuse treatment field is continually challenged to develop interventions that encourage substance abusers to remain in treatment longer. This is prompted by the generally accepted relationship between treatment retention and improved outcomes (Rapp, Siegal, Li & Saha, 1998). Drug courts evolved in response to the overlap between drug/alcohol abuse and crime with efforts directed toward engaging defendants in substance abuse treatment. The structure and procedures of...
drug courts also results in closer and more frequent supervision of offenders. The goal of most drug courts are to reduce drug use and associated criminal behavior by engaging and retaining drug-involved offenders in programmatic and treatment services; to concentrate expertise about drug cases into a single courtroom; to address other defendant needs through clinical assessment and effective case management; and to free judicial, prosecutorial and public defense resources for adjudicating non-drug cases (Belenko, 1998). The Fulton County Juvenile’s Family Drug Court promotes parents accountability through structured interventions and sanctions. Participants are held responsible for their actions, which includes maintaining sobriety through sanctions. Sanctions are imposed to punish undesirable behavior of non-complying parents.

In 1996, in conjunction with the National Association of Drug Court Professionals (NADCP), the Office of Justice Programs (OJP) assembled a national committee, of persons involved in drug courts, to define the essential characteristics of a drug court. They established 10 key components. They are:

1. Drug courts integrate alcohol and other drug treatment services with the justice system of case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.

5. Abstinence is monitored by frequent alcohol and other drug testing.

6. A coordinated strategy governs drug court responses to participants' compliance.

7. Ongoing judicial interaction with each drug court participant is essential.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

10. Forging partnerships among drug courts, public agencies, and community based organizations generates local support and enhances drug court program effectiveness (National Association of Drug Court Professionals, 1997).

The effectiveness of drug courts is still an issue of prime concern to program staffs, participants, and policy makers. The United States General Accounting Office (GAO) in 1997 reported to the U.S. Congress an assessment on the effectiveness of most operating drug courts in the United States. The report was based primarily on a GAO survey of 134 of the 140 drug courts in operation as of December 31, 1996 and the results of 20 evaluations of 16 drug courts that were available as of March 1997 (Belenko, 1998). GAO, for several reasons, could not draw any firm conclusions on the
overall impact of drug court programs or their participants (GAO, 1997b). Another concern was that most did not include follow-up data on drug relapse (Belenko, 1998). Lack of comparison groups, methodological rigor and differing outcome measurements were other criticisms made. Based on the gaps of current evaluations, the report suggested that the following information be collected for drug court participants:

- Criminal history
- History of substance abuse
- Level of use of controlled or addictive substances at the point of entry into the program
- Data on substance abuse relapse while in the program
- Completion/non-completion of the drug court program
- Follow-up data on substance abuse relapse after completing the program

(GAO Report, 1997b).

In 2001, Belenko released his third review of research on drug courts. This review addressed the criticisms made in the GAO Report. Belenko reviewed 37 evaluations covering 36 different courts. His work offers four consistent findings. To begin with, drug court participants appear similar to the general population of the criminal justice system. Most programs accept users who have a serious drug problem and criminal history. Program admissions are not the type that would most likely end up in other less intensive programs.

He then states, drug courts have a high retention rate when compared to non-drug court treatment programs, as indicated by the percentage that graduates. Retention
rates generally ran near 50% with an average rate of 47% and a high of 60% in another. Retention rates in traditional voluntary treatment programs run far under this rate.

Thirdly, while in the program there is a significant reduction in drug use and crime. Finally, after the program there is a lower re-arrest or recidivism rate.

Authors Anspach and Ferguson (2001) performed two separate evaluations in Maine among participants in an adult treatment program and a juvenile treatment program targeting drug court outcomes as they related to maintaining sobriety. In evaluating the adult drug treatment court program, they found over half (54.4%) of all participants, N=114, remained drug free.

In another study conducted on Maine’s juvenile drug treatment court program the authors found that most participants (82%), N=114, relapsed at some point in the drug court program (Anspach and Ferguson, 2001).

The Recovery Process

For women, treatment needs and the cycle of recovery are different from those of men for whom programs have traditionally been designed. Dore & Doris (1998) found that women have had difficulty finding programs that will meet their parenting needs. Traditionally, few programs who accepted pregnant addicts addressed how to help these mothers find caretakers for their children had staff who did not stigmatize them for being addicts and parents or addressed the complex problems they live with, which included raising children in dangerous environments most often times involving domestic violence. Research conducted by Beckerman and Fontana (2001) focused on a strategy to enhance retention in the treatment of female and African American male
substance abuse offenders. They found that mandating treatment was insufficient to foster client engagement. Retention was significantly enhanced by treatment that recognized cultural differences among client populations.

Limitations in the Literature

There were several limitations in the literature. There was little to no data on the recovery process of substance abuse participants while in family drug court programs. Belenko (1999) admitted that there are still many unanswered questions and future research on the operations and efficacy of drug courts should be examined. Treatment compliance and maintaining sobriety during participation were the most commonly cited problems that have risen in recent studies. Research that applies to sobriety during drug court participation is scarce and warrants future research. It would be beneficial when researching the outcome of a Drug Court evaluation that consideration is given to the process of recovery and how participants experience it.

Professionals need to be informed about the various substances of abuse and their effects on adult behavior, child development, and parenting. They need to be knowledgeable about the nature of substance abuse and the chronic, often relapsing nature of this disorder. They need to learn to recognize the warning signs of substance abuse in a family and know how to ask the "right" questions, how to conduct a comprehensive family assessment, and ways to protect a child from maltreatment (Protecting Children in Substance-Abusing Families User Manual, 1994). This author suggests that future research should be directed towards this limitation so there is a clearer understanding of the importance of this particular kind of Drug Court.
Analysis

The literature confirms that there has been a substantial increase in the number of adult and juvenile drug court programs that has been implemented in the U.S. The GAO report substantiated most drug courts that were evaluated differed in their operations, target population and treatment services (Belenko, 1998). This suggests that there are several guidelines that need to be addressed for “better precision” in describing data sources, measures and timeframes for data collection. The GAO reported one of these guidelines to be data on sobriety while in the program (GAO Report, 1997b).

Gaps in the Literature

Research on drug courts that target parents in abuse and neglect cases is not as complete since there are newer programs. There was no research specifically on Family Drug Court Programs. This author suggests that future research should be directed on this type of drug court and its efficacy.

This program evaluation determines how effective FDC is in producing positive reports of the recovery process from participating parents. The study answers if the Fulton County Juvenile’s Family Drug Court Program improves their parents’ perception of the recovery process.

Based on the review of the literature, the conceptual framework and the purpose of this study, below is the research question.
Evaluation Question

Does the intervention of the Fulton County Juvenile’s Family Drug Court program, have a positive impact on participating mothers’ ability to maintain sobriety?

Conceptual Framework

A theoretical framework will be employed to the Fulton County Juvenile’s Family Drug Court to inform about the impact of the internal and external systems while performing the dual role of examining the dynamics of the program. The conceptual framework suggests that there are possibly three theoretical frames that could shed light on Fulton County Juvenile’s FDC namely; the Social Systems, the Ecological Perspective Theory and Symbolic Interaction Theory. However, from the perspective of this researcher, Symbolic Interaction is the conceptual framework of choice. Symbolic Interaction is a feasible theoretical framework. George Mead’s (1934) Symbolic Interaction Theory is rooted in the premise of socialization. The rationale for the implementation of the Fulton County Juvenile's Family Drug Court Program (which is based on motivating substance abusing mothers to seek recovery from drug addiction before their children are lost to the foster care system) was designed around the Symbolic Interaction Theoretical Framework. It explains the use of Social Work skills through family preservation. It describes the social process through which individuals learn and internalize the values, beliefs, attitudes, knowledge and skills that contribute to acceptance from family and society. In summary, the theory states that the individual initiates an action and by both the consciousness of self
and of others, controls and modifies that action through to completion (Norlin, Chess, Dale & Smith, 2003).

Through the FDC, the parent is encouraged to look at and reflect on himself or herself and the expectation of others, especially those that they deem important, like their child or family. This theory assumes that these motivational sources are derived from being able to think symbolically, to imagine future states and to take action in pursuit of these states (Norlin et al., 2003).

Symbolic interaction is based on the premise that identity involves shared significant symbols (or shared meanings) that emerge in the process of interaction with others. In Mead’s view, self-consciousness can only exist when one can assume the organized social attitudes of others towards oneself. It is through this process of taking on the generalized other that “personality” arises. Thus, the structure of self expresses or reflects the general behavior pattern of the social group (Robbins, Chatterjee & Canda, 1998).

George Mead proposed two components of self, the “I” and the “me”. The “I” is the individual, spontaneous part of self that responds to the attitudes of others. The “me” is the “organized set of attitudes of others” that the person assumes and is formed through the internalization of the generalized other. The social control of the “me” sets limits for the individual reaction of the “I”. The “I” and the “me” are in constant interaction and dialogue with each other, and although they are distinct from one another, they are also parts of a whole and respond to each other. During self-reflection, the “I” reflects on the “me” (Robbins et al, 1998). As Mead stated, without
these two phases, there could not be conscious responsibility and there would be nothing novel in experience (Mead, 1964). All in all, Symbolic Interaction as it relates to theories can be based in various settings. It can help us appreciate the relationship between the individual and society, it enhances our understanding of the "self" as a social process, it gives us an alternative view of deviance and psychopathology and it can be useful in formulating assessment and intervention plans for individuals, families and small groups (Robbins et al., 1998).

Fulton County’s FDC operates under the tenets of the Symbolic Interaction Theory. Based on the key concepts of this theory, Fulton County FDC aims to help substance-abusing mothers by recognizing the relationship between themselves as an individual and the larger society they are apart of. Fulton County FDC strives to enhance the participants understanding of self as a social press. FDC provides an alternative view of the participants. FDC looks at chemically involved parents holistically. They recognize they have a problem but do not focus on the problem but rather on their clients’ potential. By looking at parents’ potential, these parents are motivated and believe that they can kick the habit but realized within themselves that they need the support to do this. Assessments and interventions are based on a holistic view of the participant that recognizes potential as opposed to pathology. Drug Court gives them the support, which shows the relationship between the individual and the society. If we need these chemically dependent parents to be productive citizens, we have to give them the tools to accomplish this.
Operating from the Symbolic Interaction Theory allows FDC to provide optimum recovery interventions by working with the individual, family and small groups. Social Interaction can be applied to the participants, if one looks at their behavior while chemically dependent on narcotic substances. Other than themselves their habit can affect others, such as the family and the community. Chemically involved parents may commit a crime to support their habit; hence, the entire community is affected by their drug use. Additionally, when participants are around their peers they may not see substance use as a problem, but FDC operating under this theory helps participants realize addiction is a problem and makes them take a look at the harm they are doing to themselves and family as a social process.

Symbolic Interaction points out that the helper's every action helps shape the client's understanding of self and the world. The theory illustrates how great care should be taken in the helping relationship. It highlights the importance of supporting a client's development of self-esteem (recognizing one's strengths and worth) through behavior from the helper that is consistently respectful and affirming (Robbins et al., 1998).

In order to apply the Symbolic Interaction Theory to this research it must be assumed that children and family are important to these drug addicted participants. Formulating this assumption, they are encouraged by the Family Drug Court team to envision their future of recovery with their children and family drug free which in turn increases their ability to maintain sobriety in a way that keeps their family safe.
Additionally, Symbolic Interaction supports compliance. FDC participants recognize that children and family are important to them. If they are noncompliant, sanctions can be imposed on them that may prevent them from being a part of the lives of persons they consider very influential to them. Table 1 synthesizes the role of the Family Drug Court and how it applies to Mead’s Symbolic Interaction Theory.
Table 1

Conceptual Framework

<table>
<thead>
<tr>
<th>Symbolic Interaction Theory</th>
<th>Fulton County Family Drug Court</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>Views the formation of self as dynamic and adaptive. Persons are believed to use reason in making reflective choices they are seen as flexible and self-transforming. Focus is on the client's interpretations, goals and hopes rather than environmental barriers. The helping situation is client centred and involves the alleviation of problems related to stigmatized, deviant identity and role conflict.</td>
</tr>
<tr>
<td><strong>Families</strong></td>
<td>People develop shared meanings through the family as a primary group, mainly by interaction. The self as a process, is inseparable from the larger context. All behavior arises within the context of specific social environments. These environments, are seen as a product of socially constructed meanings that define the roles, rules, and expectations of a society (Robbins et al, 1998).</td>
</tr>
<tr>
<td><strong>Small Groups</strong></td>
<td>Understanding social constructions and viewing clients humanistically, so that their own experience and interpretation of events is given importance, is essential in working with groups who do not share the same assumptions about social experience as the norm (Payne, 1991).</td>
</tr>
<tr>
<td><strong>FDC</strong></td>
<td>Gives affirmation to clients who are considered to be unreachable. Helps substance-abusing mothers recognize the relationship of themselves as an individual. Enhances participants understanding of self by providing and alternative view of environmental barriers. FDC recognizes drug dependency as a disease and on that premise assessments and interventions are based on the participants' individual needs. Participants are encouraged by the Family Drug Court team to envision their future of solid recovery with their children and families drug free. Family members are encouraged to attend Family Drug Court hearings. This acts as a motivating factor for the recovering parent to reach sobriety.</td>
</tr>
</tbody>
</table>

Summary

The next chapter outlines the methodology that will be used for this evaluation. It provides a description of the sample, population, type of measure, procedures and the statistical analysis that the researcher intends to obtain for the results of this study.
CHAPTER III

METHODOLOGY

Site/Setting

The sample for this study is drawn from participants of the Family Drug Court at the Judge Romae T. Powell Juvenile Justice Center in Fulton County, Georgia. The Fulton County Juvenile Justice Center was chosen because of its accessibility to the researcher and the willingness of the Juvenile's Court officials to participate in this study. The Juvenile Justice Center is located on Pryor Street, in Atlanta, Georgia. The Juvenile Court has the jurisdiction over children under the age of 18 who are alleged to be under insufficient and improper guardianship or in a state of neglect.

Sample

The sample for this study is drawn from parents who were involved in FDC from December 2003 – November 2004. The frame consists of the courts Juvenile Court's Automated Tracking System records. Eighteen participating parents are the target sample. It will comprise of current participants and participants who were terminated or quit while involved in the recovery process. A total of 14 Drug Court clients were approached about the study. Eleven parents agreed to participate and
signed evaluation consent forms (Appendix A). This represents a participation rate of 79% of the parents asked. The evaluation consent emphasized that the questionnaire was voluntary and anonymous. The form reassured people that they did not have to participate, and would not be punished for refusing to participate. Three participants opted not to participate in the study. The respondents who participated are between the ages of 21-41 years old, and range in educational levels (from 11th grade to high school graduates). As of November 10, 2004, out of the 18 parents accepted into the Fulton County Juvenile’s Family Drug Court program, 17 of the clients were females and 1 was male. The participants are predominantly African American.

Measure

This evaluation measured whether or not interventions provided by the Fulton County Juvenile’s Family Drug Court, which include mandated drug treatment, weekly urinalysis, mandated court attendance, and attended child visitation had a positive impact on participating mother’s ability to maintain sobriety. The Stoutt Perception Inventory Survey (SPIS) is a self-report that was developed for the purpose of obtaining information to respond to the evaluation question of this study. This instrument was designed by the researcher (see Appendix B). SPIS is a 27 item questionnaire covering participants’ perception about their experiences in the recovery process of FDC and their families as motivational sources. SPIS was administered one time only to FDC participants. It includes a mixed format of open and close-ended items. The questionnaire for this data collection was administered in the court’s waiting room prior to the weekly Drug Court proceedings. The Stoutt Family Drug Court Exit Survey,
also developed for this study, (see Appendix C) was used to capture the perception of participants who volunteered for the program and either were terminated or quit the program since its commencement.

In this study, reliability was measured by using split-half reliability questions, which falls under internal consistency reliability. Two sample questions are as follows: (a) Do you think attending the Family Drug Court weekly is assisting you with your efforts to the road to recovery and (b) Has being a part of Family Drug Court motivated you to want to stay drug free? When they were analyzed, using Guttman Split-Half the reliability coefficient was .7826.

Respondents were asked to indicate whether they perceived their participation in FDC has helped them remain drug free. The following questions were asked to adequately measure sobriety as it relates to the treatment experience.

1. Do you think attending the Family Drug Court weekly is assisting you with your efforts to the road to recovery?
2. Has being a part of Family Drug Court motivated you to want to stay drug free?
3. Have you been given any tools to keep you sober?
4. In your opinion, are the tools stated in question 19 useful?
5. Do you think you are given enough information about maintaining sobriety?
Three additional items were asked to determine whether participants' children, peers, or family act as motivational sources in maintaining sobriety. The three questions asked were:

1. Is your child an important factor in your recovery?
2. Is your family an important factor in your recovery?
3. Why did you enter this Drug Court program?
4. Does your interaction with your peers influence your participation in the Family Drug Court program?

The main limitation of this measure is the participants' bias. Respondents all have different expectations and this could affect the results.

Construct validity may be affected if the participants are not clear on the purpose of the survey. To control this threat, participants will be given an informed consent form that will underscore it being voluntary. To prove validity of this evaluation the researcher has developed a question that asks the participants an overall question. This question will prove whether the participants understood the previous questions and whether they reported truthfully.

Design

A One-Shot Case Study was used for this study. The design notation was X O also known as the posttest. "X" represents the intervention, which is the FDC program's curriculum and "O" represents the measure of sobriety as it relates to the treatment experience.
The internal validity of the research design may be threatened by several reasons. Maturation-persons participating in FDC may have situations that may change (physical, status, mental) that may result from the passage of time and have nothing to do with the intervention of the program. Selection Bias - There is no comparison group. The GAO report expressed their concern that most drug court evaluations did not include comparison groups. Mortality-The Fulton County Juvenile Family Drug Court is voluntary. Participants may drop out at any time prior to completion, thus leaving room for error. An exit survey was developed to minimize this threat; however, the researcher is cognizant that she may not be successful in locating all drop out or terminated participants.

Procedures

Contact was made to the Juvenile Court’s Chief Presiding Judge and the program’s director to request permission to conduct this study (Appendix D). The researcher collected the data for this post-test only design in November 2004. The sample was selected from participants enrolled in the program since its operation in December 2003. The survey was distributed prior to two consecutive weekly drug court hearings before urinalysis testing. The participants were informed of their rights along with the purpose and procedures of the study and were given an opportunity to decline to participate if they desired. It was assumed that all participants could read and understand the questions. Once participants, began they were asked to answer all questions to the best of their ability. Occasionally, participants asked the researcher about any problems they had understanding the nature of the questions. The researcher
would then clarify the meaning of certain words. Most of the participants completed the survey within approximately 15 minutes. A drop bag was placed at the program’s site for completed survey forms.

Statistical Analysis

Data was collected and analyzed using the Statistical Package for the Social Sciences (SPSS). Simple frequency descriptives were conducted. The frequency distributions of positive and negative responses were examined to edit and record the data for a clearer interpretation of the results.
CHAPTER IV

PRESENTATION OF THE FINDINGS

This chapter presents the research findings from analyses of the data. It discusses the demographics of the participants, provides the results for the evaluation question, and interprets the findings. The results from the evaluation showed that most participants believed that FDC was instrumental in their recovery process. Seven respondents reported as being in phase 1, 4 reported as being in phase 2, 0 reported being in phase 3 and 1 reported as being in phase 4. Participants reported more positively the further along they were in the FDC phases.

Demographics

This evaluation started with a sample of 18 participants; however, only 11 completed the survey. Termination or drop outs of family drug court participants and refusal to participate in the evaluation were reasons why the remaining numbers were not counted. Table 2 below reports the characteristics of the respondents in this study. All respondents were female (100%) and reported as parents. The majority of the respondents reported their marital status as single (81.8%) and being African Americans (81.8%). Prior to entering FDC, 9.1% of the respondents reported being sober for 0 days, with 36.4% being clean for 1-2 days, 9.1% for 2-3 days, 27.3%
reported being sober for 2-3 days before entering and 18.2 % reported being clean for more than 5 days.

The independent variable, the FDC program’s intervention, and the outcome measure, sobriety, was analyzed using the program software SPSS. Various measures of central tendency and dispersion were calculated. Values from the questions asked were coded with 1 = “yes” and 2 = “no” for computation in SPSS.

The Item Level Analysis Summary Table (See Appendix D) shows the results of questions asked by the evaluator to measure sobriety as it relates to the FDC. In addition, the table shows the level of importance participants’ perceived family, peers and community to be on sobriety. Posing these questions relevant to the influence of family, peers and the community on sobriety is operationalizing the conceptual framework, Symbolic Interaction.
Table 2

*Participant Demographics (N=11)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>9</td>
<td>81.8%</td>
</tr>
<tr>
<td>Married</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>9</td>
<td>81.8%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade School</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Some High School</td>
<td>7</td>
<td>63.6%</td>
</tr>
<tr>
<td>High School</td>
<td>3</td>
<td>27.3%</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Time</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Part Time</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>7</td>
<td>63.6%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Sobriety Before Entering Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 day</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>1-2 days</td>
<td>4</td>
<td>36.4%</td>
</tr>
<tr>
<td>2-3 days</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>3-4 days</td>
<td>3</td>
<td>27.3%</td>
</tr>
<tr>
<td>5 or more days</td>
<td>2</td>
<td>18.2%</td>
</tr>
</tbody>
</table>
Figure 1. Perception of clients’ responses on maintaining sobriety.

Figure 1 shows 90.9% (10) of the respondents perceived the FDC process as having a positive impact on their sobriety and 9.1% (1) perceived the process as having a negative impact on their sobriety. Overall, drug court participants appear to share similar views of the effectiveness of FDC. For the most part, participants view tools provided by FDC as useful in maintaining sobriety.

Table 3 shows the results of variables that examined each phase of FDC. Firstly, when asked if they were given enough information about sobriety, 42.9% (3) of persons in phase one responded “yes” and 57.1% (4) responded “no”. In phase two, all responded “yes” 100% (3) and likewise in phase four 100% (1). Secondly participants were questioned on their perception of whether FDC sanctions has influenced their choice to maintain sobriety, 71.4% (5) in phase one responded “yes”, while 28.6% (2) responded “no”. In phase two all respondents 100% (1) responded “yes” to this
question while in phase four all 100% (1) responded “no”. Lastly, a question was posed to participants, asking if they perceived the FDC as assisting them in the road to recovery overall. In phase one 85.7% (6) answered “yes” and 14.3% (1) responded “no”. In phase two all participants 100% (3) responded “yes” and likewise in phase four 100% (4).
### Table 3

**Phases Analysis**

<table>
<thead>
<tr>
<th>Examined Variables</th>
<th>Analyzed Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phase 1</td>
</tr>
<tr>
<td>---</td>
<td>N</td>
</tr>
<tr>
<td>Given enough info on maintaining sobriety</td>
<td>7</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>Have FDC sanctions influence choice to remain sober</td>
<td>7</td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>FDC is helping on the road to recovery overall</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4 shows descriptive data on (a) factors related to FDC support; (b) reasons why they entered FDC; and (c) concerns related to relapsing.
Table 4

*Cross Descriptive Tabulation*

<table>
<thead>
<tr>
<th>Examined Variables</th>
<th>Analyzed Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child Needs</td>
</tr>
<tr>
<td>Factors FDC most support</td>
<td>N %</td>
</tr>
<tr>
<td>Phase 1</td>
<td>0</td>
</tr>
<tr>
<td>Phase 2</td>
<td>1</td>
</tr>
<tr>
<td>Phase 4</td>
<td>1</td>
</tr>
<tr>
<td>Why entered FDC</td>
<td>Family</td>
</tr>
<tr>
<td></td>
<td>N %</td>
</tr>
<tr>
<td>Phase 1</td>
<td>2</td>
</tr>
<tr>
<td>Phase 2</td>
<td>0</td>
</tr>
<tr>
<td>Phase 4</td>
<td>0</td>
</tr>
<tr>
<td>Skeptical of relapsing</td>
<td>Jail</td>
</tr>
<tr>
<td></td>
<td>N %</td>
</tr>
<tr>
<td>Phase 1</td>
<td>1</td>
</tr>
<tr>
<td>Phase 2</td>
<td>0</td>
</tr>
<tr>
<td>Phase 4</td>
<td>0</td>
</tr>
</tbody>
</table>
Summary

This chapter presented demographics and finding outcome of this process evaluation using descriptive analysis and frequencies. The results show that participants of the Fulton County Juvenile’s Family Drug Court Program perceive the program as effective in maintaining sobriety. Additional information gathered, however, showed differences in qualitative feedback from participants about the FDC team efforts in equipping them with proper tools in maintaining sobriety. The chapters that follow discusses the findings presented and concludes the evaluation with implications for social work practice.
CHAPTER V

CONCLUSION

The Fulton County Juvenile's Family Drug Court Program was developed as an alternative to the adversarial approach traditionally used in deprivation cases. The primary objective of the family drug court program is to effectively treat drug-offending parents who are at risk of losing their children to foster care; therefore, the significance of drug court participants' perceptions regarding FDC cannot be overemphasize. Effective treatment requires FDC to provide parents involved in the different phases of drug court with tools that will assist them in maintaining sobriety. Based on the percentages, the majority of participants, 81.8% reported that the tools provided by the FDC made a positive impact on their sobriety. The remaining 18.2% said that tools provided by the FDC did not make a positive impact on maintaining their sobriety. Based on the data, respondents do acknowledge that FDC is providing effective treatment. Comparable to the findings of Turner, Greenwood, Fain, & Deschenes (1999) study and the Harrel and Smith (1996) study, participants in the current study view FDC helpful in remaining drug free. This supports the use of FDC as a means of effectively treating drug offenders.
This study has additionally showed that participants of the drug court views sanctions imposed on them as having a moderate to high influence on their choice to remain sober. Participants’ responses support the mission of the program as an alternative to the adversarial approach traditionally used in deprivation cases. This findings supports earlier cited authors Rapp, Siegal, Li and Saha (1998) that interventions such as sanctions has encouraged substance abusers to remain in treatment longer. They reported that there is a relationship between treatment retention and improved outcomes.

In the past, women have had a more difficult time finding drug court programs that meet their parenting needs as founded by Dore and Doris (1998). All participants reported that their children and family were important to their sobriety. When looking at the question that addressed what ways participants perceived FDC as most important, participants viewed meeting their child/ren basic needs and maintaining clean drug screens as the most important. Family drug court addresses allows parents to participate actively in drug court while being a part of their child’s lives. It is specifically geared towards drug addicted parents and as it goal states, it is focused on increasing parents ability to deal with maintaining sobriety in a way that protects their children from harm.

The findings from this evaluation support the symbolic interaction theory, which is used for the conceptual framework. The theory describes the social process through which individuals learn and internalize the values, beliefs, attitudes, knowledge and skills that contribute acceptance from family and society. It assumes that
motivational sources are derived from being able to think symbolically, to imagine future states and to take action in pursuit of these states (Norlin et al., 2003).

The Family Drug Court has encouraged the parent to interact with other participants and reflect on themselves and the expectation of others, especially those that they deem important, like their child or family. This sharing and reflection, in turn, motivates participants in remaining sober.

Again, all participants reported that their children and family were important factors in their recovery. However only 45.5% reported peers were important in influencing their participation. The theory is supported by the results of this evaluation, which shows overwhelmingly motivational sources; individuals (child), family and small groups (peers) influence attitudes of participating mothers.

Overall, it can be concluded that interventions provided by the Fulton County Juvenile’s Family Drug Court program have demonstrated positive impact on participating mothers’ ability to maintain sobriety.

Limitations of the Evaluation

The researcher encountered several limitations in this evaluation that should be taken into consideration. The Fulton County Juvenile’s Family Drug Court Program has not clearly stated sobriety as an outcome. This objective was revealed through interviewing and observing the presiding judge and child advocate attorney. In addition, the researcher was aware that there was a construct validity threat in how question 19 was asked (Have you been given any tools to keep you sober? If yes, please list 2). This threat was addressed by being present when participants filled out the
survey and was controlled for by explaining to them that tools included drug treatment, weekly urinalysis, weekly court attendance and visitation with child/ren.

There were additional social threats to the construct that could not be controlled. Firstly, this evaluation was based on the client’s perspective, which may not necessarily reflect the intervention and tools provided by the program. Likewise, other factors may have influenced how the participants reported. These factors include but are not limited to (a) the client’s temperament; (b) evaluator apprehension—persons participating may have been fearful of the study to the point where it influenced the treatment effect the researcher detected; (c) hypothesis guessing—respondents may have based their responses on what they think the study was about and (d) threat of sanctions.

Moreover, in this evaluation external validity was not ensured because only one Family Drug Court agency is being selected. Based on this fact, when completed, the findings from this study will not be generalized to the national population.

Finally, having incomplete exit surveys was another limitation. The evaluator attempted to locate participants who were terminated or dropped out of the program to complete the exit survey, however, was unsuccessful because their whereabouts were unknown. A future outcome evaluation should address this threat to provide further insight to assist in the findings.
Recommendation for Future Research

More research is needed on maintaining sobriety through the recovery process of family drug court. Because of all the other entities of this kind of drug court, continued research can assist other family drug courts in their efforts. Another suggestion is to recommend to the Fulton County Juvenile’s Family Drug Court team to include specific indicators as to how maintaining sobriety will be addressed through their objectives.
CHAPTER VI

IMPLICATIONS FOR SOCIAL WORK PRACTICE

In order for social workers to be effective in service delivery to their clients, it is essential that they see chemical dependency as a disease. There is a plethora of problems that drug use brings to the profession of social work such as child deprivation, physical and/or sexual abuse, mental illness, and homelessness.

Strengths-based practice emphasizes a participatory helping relationship in which the client is given support to define his or her reality and goals. Helpful dialogue is a symbolic interaction that reveals the client’s life meaning (Robbins et al., 1998) As agents of change, Social Workers are obligated to encourage resilience and deconstruct negative and confining labels associated with chemically dependent parents. When this insensitivity among social workers is present, it is likely to have a negative threat on how the client is served.

The Fulton County Juvenile’s Family Drug Court program has successfully incorporated therapeutic jurisprudence principles in treating drug offenders. Wexler and Winick (1996) state that when therapeutic jurisprudence is incorporated successfully, it reduces harmful effects resulting from involvement in the criminal justice system. By incorporating therapeutic jurisprudence through family drug court, the adverse effects of the criminal justice system are reduced or eliminated for drug
offenders. It establishes an understanding within the criminal justice system regarding which legal approaches promote a more therapeutic method of dealing with drug offenders (Wexler, 1990). Considering the popularity now of drug court programs and their efforts to rehabilitate, it confirms the importance in understanding the process of the disease of substance abuse and the components of recovery to include the maintenance of sobriety. The criminal justice system concurs that a multidisciplinary therapeutic team approach is a better method of aiding drug offenders than imprisonment and ridicule. Social work clinicians may come in contact with drug offending parents in any phase of their recovery. Social work interaction with this population should be well informed of the criminal justice system’s efforts as well as strive to promote the clients’ strength. Moreover, providing a sense of hopefulness by understanding what the client perceives to be important in the recovery process may also be a supportive instrument. If this is not done relapse can be an unsuccessful factor to failed recovery.
APPENDIX A: EVALUATION CONSENT FORM

This evaluation assesses whether there is a relationship between relapse and the recovering process of drug addiction. Further enhanced research is needed for programming with an invested interest in the empowerment of the African American community.

This evaluation is being conducted in partial fulfillment of the requirement of a Masters degree in the School of Social Work at Clark Atlanta University.

This study is anonymous. You do not need to give your name or any other identification. No information can be used against you with any authority.

Participants are asked to answer all questions to the best of their ability. The questionnaire will make inquiries about your ethnic background, state of origin, socioeconomic level and your highest level of education. In addition to these inquiries, your perceptions of the recovery process while participating in the drug court will also be solicited. Participation in the study is completely voluntary; those who elect to take part may choose to discontinue participation at any time without prejudice. Information obtained will be summarized in a way that will maintain individual confidentiality.
To consent to the terms of the study as described above please sign and date two copies of this document. You may keep one for your records. For further information regarding the research please feel free and notify Ms. Stoutt at (404)849-1342. A written consent will be required to continue with this evaluation. Thank you for your time.

________________________  _______________________
(Signature)              (Date)
APPENDIX B: STOUTT FAMILY DRUG COURT IMPACT SURVEY

No:______________
Date:______________

Do not write your name on this form. Please answer each question below writing or selecting inside the box.

1. What is your age? □
2. What is your gender? □ Male □ Female
3. What is your marital status? □ Single □ Married □ Divorced □ Widowed
4. What is your race (Check all that apply)
   □ African American (Black)
   □ Caucasian (White), not of Hispanic or Latin Origin
   □ Asian/Pacific Islander
   □ Hispanic or Latin Origin
   □ Native American
   □ Other (specify)__________________________________
Appendix B (Continued)

5. What is your highest level of education?

___ Grade School
___ Some High School
___ High School Graduate/GED
___ Some College
___ Associate’s Degree
___ Bachelor’s Degree

6. What is your employment status?

___ Employed full time
___ Employed part time
___ Unemployed
___ Other

7. Do you have children? □ Yes □ No

If yes, how many? __________

8. Before entering the program how often did you go without drugs?

___ 1-2 days
___ 2-3 days
___ 3-4 days
___ 5 or more days

9. When was your first day here at this Drug Court Program? __________

10. Is your child an important factor in your recovery?

□ Yes □ No

11. Is your family an important factor in your recovery?

□ Yes □ No
12. In what way does the Family Drug Court most support these important factors? (Please select only one)

___ Children basic needs are met  ___ Regular court sessions

___ Maintaining clean drug screens  ___ Compliance with the Drug Court team recommendations

13. Why did you enter this Family Drug Court Program?

___ Family Encouragement  ___ Legal Advisement

___ Personal Restoration  ___ Community Encouragement

14. Do you think attending Family Drug Court weekly is assisting you with your efforts to the road to recovery?

[ ] Yes  [ ] No

15. What phase are you presently in the Family Drug Court Program?

[ ] 1  [ ] 2  [ ] 3  [ ] 4

16. Has being a part of Family Drug Court motivated you to want to stay drug free?

[ ] Yes  [ ] No

17. Do you think the Family Drug Court intervention will help you become and remain drug free?

[ ] Yes  [ ] No
Appendix B (Continued)

18. Do you think that the Family Drug Court team assists you with the proper tools in case of relapse? If yes, How?
   □ Yes □ No

19. Have you been given any tools to keep you sober?
   □ Yes □ No
   If yes please list 2.

20. In your opinion are the tools stated in question 19 useful?
   □ Yes □ No

21. Do you think you are given enough information about maintaining sobriety?
   □ Yes □ No

22. Has the views of the Family Drug Court team impacted your commitment to the program?
   □ Yes □ No

23. Does your interaction with your peers influence your participation in the Family Drug Court program?
   □ Yes □ No

Appendix B (Continued)
Appendix B (Continued)

24. What is the longest period of time you have been able to remain clean since entering the program?

   ____ Less than or equal to 6 weeks  ____ Less than or equal to 2 months
   ____ Less than or equal to 3 months  ____ Less than or equal to 6 months

25. Have the Family Drug Court program sanctions influenced your choice to remain sober?

   [ ] Yes  [ ] No

26. Are you more skeptical of relapsing because of the possibility of?

   ____ Incarceration  ____ Removal or non-reunification with your child
   ____ Being expelled from the program  Other ___________________

27. Overall, do you think the Family Drug Court Program is helping you in the road to recovery?

   [ ] Yes  [ ] No
APPENDIX C: STOUTT FAMILY DRUG COURT EXIT SURVEY

No: ________________

Date: ________________

Do not write your name on this form. Please answer each question below writing or selecting inside the box.

1. What is your age? [ ]

2. What is your gender? [ ] Male [ ] Female

3. What is your martial status? [ ] Single [ ] Married [ ] Divorced [ ] Widowed

4. What is your race (Check all that apply)
   [ ] African American (Black)
   [ ] Caucasian (White), not of Hispanic or Latin Origin
   [ ] Asian/Pacific Islander
   [ ] Hispanic or Latin Origin
   [ ] Native American
   [ ] Other (specify) ____________________________
Appendix C (Continued)

5. What is your highest level of education?
   ___ Grade School          ___ Some High School
   ___ High School Graduate/GED ___ Some College
   ___ Associate’s Degree     ___ Bachelor’s Degree

6. What is your employment status?
   ___ Employed full time     ___ Employed part time
   ___ Unemployed             ___ Other

7. Do you have children?  [ ] Yes  [ ] No
   If yes, how many? _________

8. Before entering the program how often did you go without drugs?
   ___ 1-2 days  ___ 2-3 days  ___ 3-4 days  ___ 5 or more days

9. When was your first day at the Family Drug Court Program? ________

10. Was your child an important factor in your recovery?
    [ ] Yes  [ ] No

11. Was your family an important factor in your recovery?
    [ ] Yes  [ ] No
Appendix C (Continued)

12. In what way did the Family Drug Court most support these important factors? (Please select only one)

   _____ Children basic needs are met
   _____ Maintaining clean drug screens
   _____ Regular court sessions
   _____ Compliance with the Drug Court team recommendations

13. Why did you enter the Fulton County Juvenile Court’s Family Drug Court Program?

   _____ Family Encouragement
   _____ Legal Advisement
   _____ Personal Restoration
   _____ Community Encouragement

14. Do you think attending Family Drug Court weekly was assisting you with your efforts to the road to recovery?

   □ Yes
   □ No

15. What phase were you in prior to leaving the Family Drug Court Program?

   □ 1
   □ 2
   □ 3
   □ 4

16. Was being a part of Family Drug Court a motivation in your efforts to being drug free?

   □ Yes
   □ No

17. Do you think the Family Drug Court’s intervention could have helped you become and remain drug free?

   □ Yes
   □ No
Appendix C (Continued)

18. While in the program, do you think that the Family Drug Court team assisted you with the proper tools in case you relapsed? If yes, How?
   □ Yes □ No

---

19. Were you given any tools to keep you sober?
   □ Yes □ No

If yes please list 2.

---

20. In your opinion were the tools stated in question 19 useful?
   □ Yes □ No

21. Do you think you were given enough information about maintaining sobriety?
   □ Yes □ No

22. Did the views of the Family Drug Court team have an impact on your commitment to the program?
   □ Yes □ No

23. Did interactions with your peers influence your participation in the Family Drug Court program?
   □ Yes □ No
Appendix C (Continued)

24. What was the longest period of time you were able to remain clean while in the program?
   _____ Less than or equal to 6 weeks    _____ Less than or equal to 2 months
   _____ Less than or equal to 3 months    _____ Less than or equal to 6 months

25. Was the Family Drug Court program sanctions influential in your choice to remain sober?
   [ ] Yes    [ ] No

26. While in the program, were you more skeptical of relapsing because of the possibility of?
   _____ Incarceration    _____ Removal or non-reunification with your child
   _____ Being expelled from the program    Other __________________________

27. Why did you leave the Family Drug Court program?
   _____ Family Drug Court was too strict.
   _____ Family Drug Court services did not address my personal needs. Please explain.
   ________________________________________________________________
   _____ Treatment Provider was too strict.
   _____ Treatment Provider services did not address my personal needs. Please explain.
   ________________________________________________________________

Other ___________________________________________________________
APPENDIX D: ITEM LEVEL ANALYSIS SUMMARY

<table>
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<th>Questions</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
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<td>Is your child an important factor in your recovery?</td>
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<td>1.00</td>
<td>.00</td>
</tr>
<tr>
<td>Is your family an important factor in your recovery?</td>
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<td>1.00</td>
<td>.00</td>
</tr>
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<td>Do you think attending FDC weekly is assisting you with your efforts to</td>
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<td>1.18</td>
<td>.40</td>
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<td>the road to recovery?</td>
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<tr>
<td>Has being a part of FDC motivated you to want to stay drug free?</td>
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<td>1.09</td>
<td>.30</td>
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<td>Do you think the FDC intervention will help you become and remain drug</td>
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<td>.47</td>
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<tr>
<td>free?</td>
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<td>Do you think that the FDC team assists you with the proper tools in</td>
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<td>.50</td>
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<td>case of relapse?</td>
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<tr>
<td>Have you been given any tools to keep you sober?</td>
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<td>1.09</td>
<td>.30</td>
</tr>
<tr>
<td>In your opinion are the tools stated in ques. 19 useful?</td>
<td>11</td>
<td>1.18</td>
<td>.40</td>
</tr>
<tr>
<td>Do you think you are given enough information about maintaining sobriety?</td>
<td>11</td>
<td>1.36</td>
<td>.50</td>
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<td>Has the views of the FDC team impacted your commitment to the program?</td>
<td>11</td>
<td>1.36</td>
<td>.50</td>
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<tr>
<td>Does your interaction with your peers influence your participation in</td>
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<td>1.55</td>
<td>.52</td>
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<tr>
<td>the FDC program?</td>
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<tr>
<td>Have the FDC program’s sanctions influenced your choice to remain sober?</td>
<td>11</td>
<td>1.27</td>
<td>.47</td>
</tr>
<tr>
<td>Overall, do you think the FDC program is helping you in the road to</td>
<td>11</td>
<td>1.09</td>
<td>.30</td>
</tr>
<tr>
<td>recovery?</td>
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</table>
APPENDIX E: SITE APPROVAL LETTER
September 30, 2004

Mr. Sanford Jones  
Chief Presiding Judge  
Judge Romae T. Powel Juvenile Justice Centre  
395 Pryor Street, S.W.  
Atlanta, Georgia, 30312-2713

Dear Judge Jones:

As part of the requirements for completing the Masters of Social Work program at Clark Atlanta University, I am required to prepare a thesis or practice based research. I have decided to complete a program evaluation entitled "The relationship between the levels of knowledge about relapse rates among participants of a Fulton County Family Drug Court Program and its effectiveness in preserving family life."

With your permission, I would like to interview at least fifteen participants and the ending stages of the Family Drug Court. Questionnaire forms will be submitted to you for your approval. Consent is also being sought to have direct citation from your operating manual.

If you have any questions regarding this study you may contact me at (404) 849-1342.

Your assistance is greatly appreciated.

Sincerely,

Stacie Stoutt, MSW Student  
School of Social Work

Cc: Associate Judge Sharon Hill-Family Drug Court  
Mr. John Zoller-Program Director  
Members of the WMYJSSW Institutional Review Board
October 13, 2004

Ms. Stacie Stoutt
271 Sterling Trail
Powder Springs, Georgia 30127

Dear Ms. Stoutt:

I received your letter dated September 30, 2004, concerning your desire to complete a program evaluation on participants in the Family Drug Court Program as part of the requirement for completing the Master of Social Work program at Clark Atlanta University.

We are very proud to have established a Family Drug Court and would be delighted to have you do a research project on it. Per your request, I am giving you permission to observe cases and interview participants in the Family Drug Court. You also have permission to have direct citation from the Family Drug Court Manual [revised May 21, 2004].

Any issues concerning procedure that the Court has before it will be decided by Associate Judge Sharon Hill on a case by case basis. If you need further assistance with your project, please feel free to contact me.

Sincerely,

[Signature]

Sanford J. Jones
Judge

S.J.J/CB
REFERENCES


*Fulton County Juvenile Court's Family Drug Court Operating Manual* (2003).


S. Hill (personal communication, September 29, 2004).


