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Family preservation interventions with a Latina substance abuser

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Family Preservation Interventions with a Latina Substance Abuser

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by

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I. Introduction

This project was a single subject evaluation study of a 31 year old Latina female, whose primary issue was drug addiction. The study was conducted as part of an internship at the Gilroy Family Center.

The purpose of this project was to evaluate the effectiveness of the various Family Preservation interventions offered by the Santa Clara County Department of Family and Children's Service (DFCS), and to see if those services were effective in maintaining and reunifying Judy Hernandez and her family (fictitious name) .

In an effort to preserve Judy's family, agency interventions consisted of relative placements, referrals to the Gilroy Resource Center, a Family Conference, an in-patient residential drug treatment program at Mariposa Lodge, and two Sober Living Environment (SLE) programs. Services for the children included individual counseling, supervised visits, and educational tutoring services.

This project focused on the interventions given to Judy, which included in-patient residential drug treatment, on-going N/A A/A meetings, parenting classes, individual therapy, out-patient drug intervention group, and the SLE program.

It was my hypotheses was that with the services listed above Judy and her family would be able to successfully reunite, that she would find full-time employment, a home for herself and her daughters, and that she would not return to drug usage.

II. Context of Services

The Santa Clara County Social Services Agency administers public assistance, social services and employment related programs governed by federal, state and county laws, in accordance with the Social Security Act of 1935, the Welfare and Institutions Code, and the Santa Clara County Ordinance Code. Social Services and Income Maintenance programs are provided at locations throughout the county. Bilingual and bicultural services are provided by the Social Services Agency.

The mission of the Agency is to deliver the highest quality services to all citizens in our community by ensuring equal access and opportunity to all citizens, and to provide those services equally to all clients in a prompt, dignified and efficient manner (Santa Clara County Social Services Agency, 1990).

The Department of Family and Children's Services is one of many divisions of the Agency. The mission of the Department of Family and Children's Services is to protect children from abuse and neglect, to promote their healthy development and provide services to families which preserves and strengthen their ability to care for their children. The department is responsible for prevention, intervention, advocacy, and public education as related to the protection of children and their need for consistency in their care and nurturing (Santa Clara County Department of Family and Children's Services, 1990).

The Department of Family and Children's Services offers families four programs aimed at assisting them in crisis. These include Court Services, Out of Home Care, Emergency Response, and Family Preservation.

The Court Service Program works intensely with the Juvenile Court, District Attorneys, Public Defenders, social workers, and private attorneys to provide court protection for children who are in danger of abuse and neglect.

The Out of Home Care Program provide services to families and children when it is not possible for the child to remain safely in the home. This program also provides services for children who are in long term foster care placements or to children who are in need of adoptive placements.

Emergency Response Services are offered to the families and children of Santa Clara County. Workers in this program respond to calls of child abuse or neglect. The social worker may make referrals for more intense interventions or services, if necessary.

Family Preservation Programs are designed to keep families together by providing services in an effort to strengthen the family's ability to provide a safe and healthy home for their children. These services may be based on a voluntary agreement, or the Juvenile Courts may order children removed from the home for a period of time. There are five separate programs within the Family Preservation Program. They include Family Maintenance/Informal Supervision, Voluntary Family Maintenance, Court Maintenance, Permanent Placement, and Family Reunification. This study will focus on Family Reunification services offered in an effort to preserve and reunify Judy with her family.

In 1980, Public Law 96-272, the Adoption Assistance and Child Welfare Act was passed. A portion of the law dealt with the dissatisfaction, and distrust of the traditional foster care programs. The Family Preservation Act was developed to help prevent the unnecessary removal of children from their families, and to keep families together, whenever possible.

The five main goals of the Family Preservation Act are:

1. To remove the risk to the child, and allow child to remain a home
2. To maintain and strengthen family ties
3. To stabilize family situations that would have resulted in removal
4. To help the family make use of community resources
5. To help families learn new coping skills

The Family Preservation Act requires that "reasonable efforts" be made to prevent unnecessary removal of children from parents; that families which have been separated will be reunited; and that children who are not able to be reunited with their families will be placed in permanent long term foster care, legal guardianship, or adoptive homes.

III. Target of Interventions

The client selected in this study was "Judy" H. Judy is a 31 year old single Latina mother living in Gilroy. Judy comes from a family of five children and was the third child born in this family. She is first generation Mexican American. She grew up in a home where domestic violence and the abuse of alcohol were commonplace. Judy's parents were unable to protect her and her sister from sexual abuse perpetrated against

them by one of her father's friends, who was also an alcoholic. She and her sister were molested for years, and later raped, in the family home.

Her parents divorced when she was in junior high school, and she lived with her father. She grew up on the east side of Gilroy, and her father supported the family by working in the fields as a farm laborer.

Judy has never admitted to the sexual abuse she suffered as a child. She denied ever having been molested, even when she is asked the question directly. She has been in counseling for the past six months and she continues to deny the abuse. Her early onset of drug usage and sexual experimenting are clear signs of sexual abuse.

Judy has an 21 year history of substance abuse. Her drug of choice was cocaine, however she has also experimented with PCP, LSD, and methamphetamines. Judy's self esteem was damaged by the many abusive love relationship she was involved in.

Judy was brought to the attention of DFCS as a result of a referral made to the Gilroy office of DFCS. The report stated that Judy's 14 year old daughter, Alice, refused to return to her mother's home. The report also stated there were four other young girls in the home, ranging in age from one to eight years old. Two of these children were school aged, but were not attending school due to a severe case of head lice infestation. The report went on to state that the 14 year old claimed her mother was using cocaine and had not been caring for the children. The last statement in the report stated that Judy and her five girls slept on the living room floor of the family's home, and that there was no food in the house.

Upon reviewing old Child Protective Services (CPS) files, it had been revealed that Judy had very little work history, and had mostly supported herself and the children by receiving public assistance. There were five previous CPS referrals, allegations ranging from neglect to sexual abuse. The family was involved in Voluntary Maintenance for the sexual abuse allegation, but no other CPS involvement was documented.

The social worker assigned to the case made a home visit to investigate the new allegations. As was alleged in the report, the social worker found two school aged girls home with their mother. Judy stated they were not attending school due to being treated for head lice. The social worker also discovered that the entire family had been staying in the living room section of the grandfather's home. This was also the place where the family ate, played, and slept at night. Finally, the social worker looked into the refrigerator and cupboards to discover that there was inadequate food in the home to feed a family of six. Judy stated she had received her food stamps earlier in the week but had not had a chance to buy food for the family.

All the charges that were made by the oldest child were confirmed by the social worker during the home visit, except Judy remained strong in her denial of substance abuse.

Judy's physical condition was indicative of a person using drugs. She stood five feet four inches tall, and she weighed approximately 96 pounds. The bones in her cheeks, arms and legs were extremely prominent and her face was broken out with a spotty rash. As she spoke, her speech was quick, and she rambled, repeating information

over and over again. The pupils of her eyes were dilated, and her overall demeanor appeared overly anxious. She also coughed often, and had a runny nose.

Alice was taken into protective custody and went to live with an aunt who also lived in Gilroy. The court decided that the remaining four girls would also be removed, and that Judy would submit to random drug testing. The initial drug test revealed that Judy tested positive for marijuana and cocaine usage. It was during this time that Judy admitted she had been using cocaine for five years. Judy's case was assigned to the Family Reunification program.

Later, the social worker and Judy formulated a family service plan. The requirements of the service plan included placing the Hernandez children with various relatives, visitations were coordinated, and Judy was set up with various local self-help programs that would allow her to work on her parenting and substance abuse issues so she could be reunited with her daughters. This meant that Judy had 18 months to become clean and sober, find gainful employment, and find suitable housing for herself and her children, or risk losing her children permanently.

It was during this office visit that Judy admitted she was under the influence of cocaine when the social worker made her initial home visit. Judy stated she wanted to "get her life together", that she had tried to stay drug free, but acknowledged that it was very difficult to do. She also stated the reason there was no food in the house was because she had sold her food stamps so she could buy drugs. She stated she had gone to the local

food bank to get food, and the food the social worker saw in the house was what she had gotten from the food bank.

Judy has never been married, but has had several relationships. All of her relationships were abusive. Four of her relationships also involved drug usage; one involved child molestation, and the final relationship ended when her current partner was sentenced to three years in the California Youth Authority (CYA) for his part in violent gang activity in the Gilroy area.

Judy stated her problems with drugs started when she was in high school (later we found that her drug usage started at a age 10, which also coincides with the time in which she was raped by a family friend). She stated she started smoking marijuana when she was a freshman in high school. It was not serious then, but as she grew older she continued its usage. By the time Judy was 16 she was in a romantic relationship with Jason. He used marijuana, but he also used pills and alcohol. Jason introduced Judy to these pills. Soon, she and Jason were using drugs every weekend, and sometimes during the week. She became pregnant, dropped out of school, and moved in with Jason. It was during this time that the relationship turned violent. She noticed that when Jason drank, and used drugs his behavior changed. He would yell at her and threaten to hit her, even though he knew she was pregnant. Judy revealed to the social worker that Jason slapped and punched her several times during her pregnancy. She reported after each episode he was remorseful and promised he would not do it again. After she had the baby, Jason's behavior became progressively more violent. Her family convinced her to leave Jason

and move back home. She did, not because she wanted to, but because her family convinced her that if she stayed with him, she or her child would be hurt.

Judy's next relationship was also abusive. She became involved with James. He was separated from his wife, and he and Judy moved in together. Judy thought this relationship would be different. She knew that James abused alcohol, but she thought he could control his alcohol, and his temper. He never hit her, so she felt safe. Judy and James had two daughters together, and on the surface, all appeared to be going well. Judy began working during the day. James kept the children while she worked. James worked during the nights and Judy was home with the girls.

Alice, Judy's oldest daughter, was nine years old when Judy discovered that James had been molesting her. He also had been molesting his two natural daughters, aged three and one, and a daughter from a previous marriage. Judy found out that James had been molesting Alice for more than 18 months, in their home, while she was at work. She was devastated. James was convicted of child molestation and sent to state prison. Judy plunged deeper into drugs in an effort to deal with her feelings of hurt and betrayal. She lost her job, and her apartment. For the next three years, she used marijuana, LSD, cocaine, and PCP. She and her three daughters moved back into the family home, with her father. Her brother, Alvin, became her closest friend, and her drug supplier.

At the age of 27, Judy became involved with Mario, a 17 year old male. She stated he made her "feel good" that she could attract a young man. Mario and Judy were together for two years, and had two children together. Mario was young, energetic and

fun, but he was also abusing methamphetamines. His family disowned him, and hated Judy for "taking advantage" of a child of 17. The relationship did not last very long. Mario continued his drug usage, was unable to keep a job, and is presently in Santa Clara County Jail on drug related charges.

Judy's last relationship involved Enrique, a gang member, and drug dealer from the east side of Gilroy. Enrique is a Latino male, 17 years old, who has had numerous brushes with the law. Because of his age, the two of them never lived together or had children together. The relationship lasted for 8 months, as Enrique was sent back to California Youth Authority (CYA) for the part he played in several drive by shootings in the Gilroy and Morgan Hill areas. Judy still insists that she and Enrique will live together when he is released from California Youth Authority.

After Judy's children were removed from her, they were placed in the home of various relatives. Mario, the father of the two youngest girls, requested his children be placed with his relatives. This plan worked out well because there were not any other relatives of the Hernandez family who were willing to have the girls live with them.

As part of Judy's reunification services, she was court ordered into a drug rehabilitation program. She spent 45 days at the Mariposa Lodge in San Jose. The judge then ordered that she complete a six month Sober Living Environment program. At the time of this writing, Judy is still living in such a program. Judy is expected to be released from her SLE program in June, 1997. The children will continue to remain with family members until they can be reunited with Judy.

IV. Theoretical Framework and Literature Review

The ecological perspective was the framework that guided the interventions in this case. Zastrow and Ashman (1994) point out that the ecological perspective places great emphasis on the individual and individual family systems. It also focuses on family strengths. Brown (1992) points out that if systems in the ecological environment fail to perform their intended function, then other systems are affected. Glick and Moore (1990) agree as they point out that in the Latino/a community resources and opportunities are often not available, especially for the Latino/a youth. Often the lure of drugs and gangs fills the void for these deficits. They also point to the link between self esteem and drug dependency. Whittaker, et al. (1990) stated that a person's environment can be both the source and the solution of family problems. This has proven to be true in Judy's situation. Her family failed to protect her as a child from sexual abuse, but they are also the most supportive influence in her life. Her family has agreed to keep her children until she and the girls can be reunified, and they have supported her financially while she was in treatment. The best support they had to offer her was their availability to her during the time she needed her family most.

Judy, also has not accepted the role of "mother" with the children. Instead, she has elected to co-parent with her oldest child, Alice. The arrangement to co-parent was not mutual, but imposed upon this young child, by virtue of mother's heavy drug usage. Carter and McGoldrick (1989) state this is one of the tragic effects of parental substance abuse on young children. This premature parenting responsibility robs the young child of

a normal childhood. She also states that addiction distorts the family's developmental processes and skews the family roles, which often leads to parentifying the children. This can be seen in the way Alice assumes the role of the "parent", even when the mother of the children is present. The assigned social worker often reminded Alice that she was not the parent, and she was given permission to be a teenage "sibling". Because of old habits, it is a difficult role for her to play, and it is difficult for her sisters to see her as just another sibling.

Greene and Ephross (1991) point out that interventions using the ecological perspective are designed to increase self esteem, improve coping skills, make a positive differences in the social networks of family and in the family members' intimate personal relationships. Judy has five daughters, and she needed to model appropriate behavior so they will not repeat the personal choices she has made, concerning choice of men and/or drug usage.

The literature on the Family Preservation Program seems equally divided. Some praise the program. Some such as Murphy (1995) point to weaknesses of the program and asks for its elimination, while others like Bath and Haapala (1994), still have not found definitive answers to their questions. The Department of Family and Children's Services workers are also torn about the purpose and effectiveness of the program. Smolowe (1995) points out that family preservation is the right goal, in theory, but with growing caseloads, the rising numbers of cases, and the seriousness of the cases makes the program more difficult to enact. She continues by pointing out that drug and alcohol

counseling, mental health services, parenting classes, and emergency housing programs have been scaled down, just as the need has increased. Where these services are available, the waiting list is long. This point has been proven even in the Gilroy area. Parents are having to wait for weeks and even months to enroll in court ordered classes.

Berry (1992) cautioned agencies who were considering using the family preservation model, to make sure they can customize interventions to the needs of the families they serve. He points out that families are individual groups, unique to themselves, and therefore need services that meet their specific needs. A customized family plan is one way to insure families succeed in the program.

Blythe at al. (1995) point to some of the problems linked with providing services as a collaborative effort to the client. She states that some services providers do not understand the program, and do not understand why the government is spending money on parents who do not "deserve" to have their children, as is demonstrated by the "abuse and neglect".

Cole (1995) points out that misinformation and misunderstandings of the purposes and nature of the program, by members of the collaborative, may hinder the effectiveness of the program. Cole also points out that competition, lack of communication, and conflict can lead to confusion about the program and the community benefit to the children and families who have participated in the program. An effective, collaborative relationship is essential for the survival of the family preservation program. Once a good working relationship is established, CPS, the referral agency, and the client all benefit

from the networking process. The article further points out that without support for the program, in the form of specialized training, proper supervision, and an ongoing relationship with referral agencies, the success of the program may be in jeopardy.

Stehno (1986) shares that sentiment. She reminds us that this community effort to support families is not a new one. She points out that these programs have resurrected some good social work practices that never should have died. She points to the fact that social workers are now doing much of their work in the homes and neighborhoods of the clients. The community now has more resources than it did in the past, but the emphasis on keeping families together, and meeting their immediate and secondary needs is still the focus of social workers, just as it was with the "friendly visitors".

Tracy (1995) reminds us that although the family preservation program was developed as an alternative to out-of-home placement, this program is being used for children who have been removed from their homes. The program allows children who have been removed from the custodial parent(s) to be placed in relative care, instead of adoptive or non-relative foster care placements. The program is also used in reunification efforts of the family. This is how the program is being used in Judy's case. All the children were removed from her physical custody, and placed with relatives. Reunification and family preservation services are being provided for Judy and the girls.

One of the problems that has been recognized by the McConnell Clark Foundation (1993) is the fact that a great number of minority children are being removed from their parent(s) and placed in foster care, but there are few minority workers who are actively

working with these families in the effort to reunify them. The report states that this large number of placements is due in part to the fact that white workers confront barriers of language and customs, that they rely on conscious and unconscious cultural stereotypes, and they misinterpret conditions of poverty as conditions of neglect. Finally, the report states that minority workers or workers who have been trained in cross-cultural sensitivity may be in much better positions to make good decisions about minority placements.

Cohen (1992) agrees, and points out the need for social workers to be culturally sensitive with their minority clients. He explains that through this sensitivity, the social worker will be able to make sense of the world the minority client lives in. The social worker will understand the importance that family, religion and folklore are to the client. This researcher found this statement to be true of Judy and her family. The extended family was very committed to the success of Judy. The Catholic church played a less obvious role in Judy's life, until she was in the middle of her rehabilitative efforts. An understanding of the length of time Judy and her family have been residing in the US, or their acculturation rate, also made a difference in how the researcher approached them as a family, and how they responded to the services offered to the family.

Kaplan and Girard (1994) point out that the relationship between the client and the social worker is the key to success of the client, and that choosing the appropriate staff is critical. They state it does not matter if the worker is professional or non-professional, the individual must develop a genuine relationship with the client. The worker's job is not to be an expert or authority, but to serve as a facilitator and a partner to the client.

Smith (1995) points out that if the Family Preservations interventions are effective, and accomplish what the program is intended to accomplish, intrafamily relations should improve; adult interpersonal relationships should improve; community resources are used more often by the families; the behavior of the children should improve; and there should be a free flow of communication among family members. He goes on to point out that agencies that use this model should be selective in the criteria of who is admitted into the program. He states these families must appear to be functioning well enough, so as to learn and benefit from new skills in parenting, child development and home management. Secondly, each family must be willing to receive services offered to them. Finally, he stated that it is important for social services agencies to provides services to these families when they first come to the attention of the agency, instead of after they have experienced a crisis. These researchers also point to the need of the social worker to emphasize community social work practice and community organizing.

V. Design of Evaluation Study

The purpose of this project was to assess the effectiveness of the interventions given to Judy. The family preservation interventions given to this family included relative placements for the five children, individual counseling for the children involved in the molest/incest incident, out-patient and in-patient residential drug treatment programs, the sober living environment programs, and a Family Conference. For the purposes of this paper we will only look at the intervention given to Judy.

Judy's Family Reunification case plan stated that she would receive random drug testing three times a week; that she would enter and complete an in-patient resident drug treatment program; that she would take advantage of out-patient drug intervention group, NA/AA services, that she would be allowed liberal visitations with the children; and finally, that she would complete parenting classes.

Judy was drug tested 16 times at the DFCS office; four of the tests were positive. Each time the test came back positive, Judy denied using drugs. Due to this denial, it was necessary to place her in the drug intervention group at the local Family Resource Center. She attended the Center for three weeks, then a bed became available for her at Mariposa Lodge. At Mariposa Lodge, Judy was tested three times a week and has remained negative for any drug. She was also required to attend three 12 step group meetings per week. Her attendance at these meetings was monitored by the group leader.

While at Mariposa Lodge Judy started attending parenting classes. The classes ran for 16 weeks and she was not able to complete the program because she was at Mariposa for only 6 weeks. She continued to attend the Mariposa parenting classes while she was a resident of the sober living environment program. The parenting classes were designed to teach alternative skills in coping with stressful situations, and to show parents how their history of drug usage had prevented them from being emotionally available to their children. The classes also concentrated on areas of parenting styles, child discipline, child development, safety, and self-esteem. Judy also received counseling in the Women's group. This group looked at women's issues, including personal relationships with

husbands and boyfriends. In this group Judy was asked to look for abuse in past relationships, understand why she was attracted to this type of person, and to make a conscious effort to change patterns of old behavior. She was given journaling assignments to completed after class discussion, and the evaluation of how she was doing was self reported back to the class instructor. Donna Ferguson (Personal Communication, October 16, 1996) stated Judy was doing well in the group, and shared openly about her successes and failures as a parent. She has attended all of her parenting classes, except for two, when she was required to appear in court. The parenting class was also an opportunity for Judy to see what had and had not worked for her peers. It is an opportunity to ask questions and to get feedback on parenting ideas that she had not seen as parenting options for her family. At the end of the parenting class Judy received a certificate of completion.

Visitation with her children was the highlight of her week. Extended family members were also allowed to visit her while she was at Mariposa Lodge. Judy also had supervised visits with the children once a week at the Gilroy Family Resource Center. The social worker felt it was important for Judy and her girls to have a private place and time to discuss what had happened with each of them, since the removal from their home.

Before visits started, she was given the Index of Family Relation Scale (IFRS), as a measurement of her family interactions, and to take a close look at how her family has functioned, and to help her see what attitudes and habits needed to be changed. This

questionnaire was also given to her at the end of the evaluation period. At that time, the scores were compared and discussed.

Judy was also given the Generalized Contentment Scale (GCS). This scale was used to measure Judy's feelings about the removal of her children and her placement at the Lodge. This scale will also show if Judy was showing signs of depression.

Both the Index of Family Relations Scale and the Generalized Contentment Scale were designed by Hudson in 1974, and 1977 respectively (Bloom and Fischer, 1992). Both scales contain 25 short questions. Both are reported to have high reliability and validity. Scoring for both scales was accomplished by reverse scoring each positive worded questions, and subtracting 25 points from the total score. The scores can range from 0 to 100. A score of 30 and above will indicate the presence of family relationship, or signs of depression (Bloom and Fischer, 1992).

Judy was assessed for the history and level of her drug usage. The Addiction Severity Index was the measuring instrument. This assessment tool also looked for personal strengths, the desire to stop or curtail drug usage, family coping skills and mental and psychological indicators. It was revealed that Judy's drug usage started at an earlier age, and was more extensive than the social worker was lead to believe. The Index also examined legal and employment status of the individual.

Judy was then placed in a Drug Intervention Group as an out-patient. This group was a multi-faceted program that included case management, a 12 step approach to understanding her addiction, as well as individual and group counseling. The plan was

for Judy to attend this program until an in-patient residential program could be found. Judy attended this program for three weeks, and was admitted to Mariposa Lodge, a 45 day residential program. She was still on step one when she left. At Mariposa Lodge she continued the 12 step program and received group counseling directed at helping Judy reduce her dependency on drugs, improve her parenting skills, and to learn better ways of coping with the stresses of her life. The counseling also looked at life choices and the repercussions of those choices.

Upon completion of the 45 day residential program at Mariposa Lodge, Judy was admitted into a Sober Living Program at Community Solutions. There she was encouraged to continue her 12 step program and to continue her Drug Intervention Program as an out-patient. She also returned to DFCS for random drug testing twice a week.

Judy's evaluation period began in October 1996. A Jurisdictional Dispositional Hearing was held on October 17, 1996, and Judy requested that the results of her visitations with the children, and the results of her random drug testing be made part of her court report. At her 45 day Hearing Review on December 12, 1996 Judy produced letters from her parenting instructor and group leader, stating she was doing well in the residential program. Her evaluation period will continue until mid March, 1997. At the end of the evaluation period, Judy and her children have not been reunited. She still has four months to complete of her court mandated six month sober living program. The researcher has recommended that the Courts reconvene in 90 days to see how Judy is

progressing with her rehabilitative efforts, employment focus, and housing for herself and her children.

The stages of intervention included a baseline period in late September until early October. The first evaluation was given to Judy as she entered the Mariposa Lodge. Judy received a mid point evaluation when she finished her residential in-patent program, and a post-test was given to Judy at the end of the intervention period, at the end of March, 1997. All of these measurement periods were designed to measure her progress in the programs, and provided indicators if she was not progressing through the program.

Judy's recording plan consisted of the social worker's and outside professionals logs and evaluations, class completion certificates and her self reporting. The reporting plan also contained the formal measures already mentioned.

The research design employed in this case study was the single subject design. It was based on the AB design. The AB design is thought to be the simplest and the easiest design for young social workers to use (Yegidis and Weinbach, 1991). It is used to evaluate observed behaviors, which in this case was substance abuse and parenting style. It allowed for a short baseline, then an intervention. With Judy the baseline period was used until we could get her into a treatment program. The AB design requires that the dependent variable be present, and that it can be easily measured. The problem this researcher ran into with Judy's case was the need to use multiple interventions at the same time, (random drug testing, residential treatment program, parenting classes, and visitations), therefore, the design of the program was expanded to include multiple

interventions. As part of the problem, this researcher was unable to determine exactly which interventions were effective in Judy's case. Withdrawal of treatment was not possible due to social work ethical issues.

The strength of the single subject design is that it is easy to use the target behaviors (dependent variables) which can be measured easily, and does not require pre-planning.

The weakness of the design is that it cannot tell us if the behavior will return after treatment goals have been reached.

The desired outcomes of this study included stopping the cycle of substance abuse, increasing the social functioning of Judy, increased self esteem for Judy, acquiring new and better parenting skills, insuring of the safety of the children, and teaching Judy how to effectively use community resources. Time is on Judy's side. Because of her extended court ordered rehabilitative services, Judy will have a longer time to acquire these skills.

The Judy Hernandez family was selected for this project due to the multiple problems, and the various intervention possibilities in the case. The interventions used in this case were spread out over a six month period, which is uncommon for the Family Preservation model, and this social worker spent more hours on this case than any other case. This social worker also felt this family can overcome years of abuse and neglect, with the services provided to the family, and the desire the family has to live a better life, without the use of drugs.

VI. Results

The first evaluative tool used on Judy was the Addiction Severity Index. The tool was used to measure levels of depression, nature of family relations, and history of drug usage.

The results of the Index were more revealing than any other instrument used with Judy. It revealed that she was 10 years old when she started using drugs. Judy has had a 21 year history of substance abuse. She started smoking marijuana, and graduated to more potent drugs. The Index also indicated that Judy was experiencing severe family and legal problems. This researcher ran a criminal history report on Judy when the children became dependents of the court. Another report was run six months later, and this report showed offenses the first report did not. It was discovered that Judy was on formal probation, not informal probation, as she indicated. She had several outstanding warrants ranging from petty theft to vandalism of property. She had also arresting for driving under the influence.

Depression was also detected in the Index scale. It was revealed that Judy had once attempted to commit suicide, by purposefully overdosing, with the hope that she would not wake up. The report revealed that Judy developed asthma as a small child, and as a result of her heavy drug usage, she developed pneumonia in her lungs on two different occasions. Judy's doctor warned her if she continued to use drugs as she had in the past, she could die from the pneumonia, or other bronchial infections.

Judy has a bubbly personality, she feels as if her assignment in life was to be the "life of the party". Even when she was most depressed she had the "party girl" face. Despite the problems listed above, Judy has denied that her problems were severe. Because of this denial, this researcher was hopeful that Judy will work diligently with her personal therapist to break through her levels of denial.

The second evaluative intervention was a 45 day residential in-patient drug treatment program. Judy completed her in-patient residential program at Mariposa Lodge on December 19, 1996. She spent 45 days there and actively participated in the program, in the group sessions and in her individual counseling. Her counselor wrote a letter verifying the successful completion of the program. For Judy this was a major accomplishment. She stated she had started many things and had completed few of them. She talked about how many times she wanted to quit, but she knew she owed her children a better life than what she had given them in the past.

Family visits were the highlight of Judy's week. Her family faithfully visited her each weekend. Several weekends she had more than twelve people visiting her at the same time. This support gave her strength to complete the tasks assigned to her during the week, and to work her program during the difficult times.

While at Mariposa Lodge, Judy received an enormous boost to her self-esteem. She was given a position of trust and honor in the Lodge. She was assigned the position of "dorm mom" for her unit. This position allowed her to model "appropriate behavior" to

the other members of her unit. She enjoyed this position, and her peers respected her and followed her example.

On March 17, 1997, Judy completed the 17 week parenting class that was a part of her residential program at Mariposa. This parenting class had a primary focus on improving self-esteem of the parent and the child(ren), effective discipline, effective communication, anger management, child development, and family systems. As a direct result of this class, the Social Worker I assigned to monitor the family visits observed that there was a visible difference in Judy's interactions with the children as the weeks progressed. When the visits first began, Judy and Alice would sit next to each other, and the other children would pair themselves up, with their closest sibling and would play independently, out of the area where Judy and Alice sat. As time progressed, Judy began to seek out the individual girls, or pair of girls and interact more with them. Judy encouraged to make a special effort to spend time alone with the girls, and to get to know what they were feeling about the visits and the fact that they were all going to different homes after the visit. Judy began to shared her time equally among the girls instead of talking and relating only to Alice, the oldest child. The Social Worker I described to this researcher the changes in the family relationship, as Judy spent time together with all the girls.

Judy was given the Index of Family Relations Scale during her intervention period. This scale was used to measure the strengths of her family's relationship. She was given the scale at three points within the intervention period. The scale was first given as a pre-

test, before she entered the residential program at Mariposa, in mid October, 1996. She was given the scale a second time when she completed the in-patient program in December, 1996, and the final scale was given as a post-test in March, 1997. Table 1 shows the results of the scale.

Table 1

Index of Family Relations

Pre-test	30
Mid-test	30
Post-test	12

Judy's pre-test and mid-test scores border on the cut off point, which would indicate that she was having difficulties with her family relationships. The clinical cut off score is 30 points. Anyone scoring over 30 points generally have been found to have difficulties with their family relationships. This researcher does not feel that Judy's scores reflect the magnitude of her concerns during this period. She was still in shock of the children being removed, and forced to work on her issues of drug abuse. She was also dealing with the reality that her daughter, whom she loved, had exposed her family secrets to the local authorities.

Judy's family remained consistently supportive to her needs before, during, and after interventions. There was, however, a period before Christmas when one of the children needed to be placed with a different relative. The time was a stressful one for Judy. Judy had also began getting in touch with some of the "real issues" of her substance abuse, issues she would not address or consider before she started her personal counseling. She was confronted with the reality that she had not protected her children and that she needed to re-evaluate her style of parenting. Before DFCS became involved in her case, Judy considered herself as a "good mother", now she realized her children were in different placements because she had failed to provide a safe, loving, attentive environment for them.

She and two of her sisters exchanged strong words about the real reason the family was divided, and they made it clear to her that they wanted her to take care of her drug problem so the children could would be returned to her. They were supportive, but they wanted her to know that the arrangement with the children would not be a permanent one, and that the ultimate responsibility for the children was hers. At first Judy saw this "tough love" approach as cruel and mean spirited, but later she realized they were correct in their assessment of the situation.

The second clinical measurement given to Judy was the Generalized Contentment Scale. It was designed to measure one's contentment to their immediate surroundings, and the people around them. As with the Index of Family Relations scale, this scale was also given at the three intervals mentioned above. The cut off score of 30 points was used to

mark a healthy attitude. Table 2 shows the results of the scale. Judy's scores remained low, but physical changes in her appearance surfaced. She gained weight. Judy was 96 pounds when she was brought to the attention of DFCS, six months later she was weighing 145 pounds. This weight gain was likely due to the fact that she was now off drugs, and was eating a well balanced diet.

Judy was troubled about the "fat" jokes she received from Mario and other family members. She began talking about how she never had a weight problem when she was on drugs. She expressed fear that she would not be able to lose the weight, and stay drug free. She questioned if it was "worth" remaining drug free if she had to be fat.

Judy was always proud of her looks, and prided herself in the fact that she has had five children, and after each pregnancy, she was able to get back to a size 3. Now she was gaining weight and there did not seem to be anything she could do about it.

Table 2

Generalized Contentment Scale

Pre-test	17
Mid-test	23
Post-test	27

Judy's scores did not show any signs of discontentment or depression, but several times she expressed to the researcher that she was deeply concerned about the placement

of the children. She also stated to the researcher that she had difficulty sleeping and concentrating on her program because she was not sure where the children would end up. She was most concerned with the youngest daughter, who appeared to have the most difficult time adjusting to the family separation. She worried that relatives may grow tired of taking care of the children before they can be returned to her, and she worried about what would happen to them if no family member wanted to care for them. At first she expressed anger that the girls were being moved from relative to relative, and that no one wanted to care for all of them. She accused her family of being selfish. This researcher helped Judy remember why her children were out of her care to begin with, and what part she played in the unhappiness the children were now experiencing. The researcher also pointed out to Judy that she was very fortunate to have family available in the local area who were willing to care for the children, no matter how long.

A Family Conference was held for the Hernandez family on February 22, 1997. The purpose of the Conference was to "brainstorm" how the family could support Judy as she remained clean and sober, and to develop a specific reunification plan for the family. The Family Therapist, Drug Intervention Specialist, Judy's sponsor, and the children's teachers were invited. Each relative who had a child living in their home, and other family members were also invited to be a part of the Conference. The Social Worker wanted the Drug Intervention Specialist at the Family Conference to explain the cycle of addiction, and the effects of substance abuse on all family members.

The Conference was poorly attended. Out of the 20 people invited, only three came. As a result of the poor turn out, the Conference was unable to meet its goals. Judy was very upset that her family members did not attend. She questioned if her family really supported her efforts to reunify with her daughters. Judy was encouraged to look at the past actions of her family, not their absence from the Family Conference. She had counted on these family members before and they never failed her.

Another intervention used in Judy's case was the Drug Intervention Group. This was the activity that Judy looked forward to as much as she looked forward to the visits with her daughters. Since her release from Mariposa Lodge, Judy attended 9 of the 11 groups. She had great respect for the Group facilitator, and looked to him as a father figure. He is firm with her and did not allow her to "play games" in group. Whenever he needed to, he held her accountable for her actions, insisted she accept the responsibility for her actions, and stop blaming other people. She took his stern rebukes, and got back on track.

The Intervention group was developed to assist clients in recognizing the negative effects of drug and/or alcohol usage, and help them to come to an understanding of the stage and level of addiction they were at. The 12 step approach was used in this group and the participants were encouraged to develop a peer recovery support system within the community in order to maintain a drug free lifestyle, and to develop new and better skills for coping with the stresses of daily life. The group met one day each week, for 90 minutes at the Gilroy Family Resource Center. Many of the women from Judy's SLE

attended this group so they were able to be accountable to each other and were able encourage each other as they processed through their addiction.

As pointed out earlier, Judy has completed many of the requirements of her case service plan. She has remained drug free for six months; she has found gainful employment; she has completed the in-patient residential treatment program; she is actively involved in the Drug Intervention group; she continues with her AA/NA groups; she has a sponsor; she has completed her parenting classes; she continues her personal counseling and she is currently looking for suitable housing for her family.

Judy has experienced some degree of success. She is very motivated to get a better job, and to show her family that she has really changed. She wants them to know that she is now able to work and care for her children, just as she had done many years ago.

VII. Discussion

The Judy Hernandez family was the first case assigned to this researcher, as she started her internship at the Gilroy Family Center. The supervisor felt this was a "dirty house" case, and it was an excellent opportunity for a new intern to get acquainted with child welfare in "action". This case would afford the intern an opportunity, early in her career, to develop new approaches in working with large, difficult and fragmented families. As the case unfolded, it became apparent that this case would soon involve petitions, courts, attorneys, and a host of relatives. The reality of relative placements was about to become very real to this intern..

Table 3

Service delivery system

Traditional Family Preservation	Gilroy Preservation Model
In home	Where ever client is
Case moves from initial worker	Case stays with initial worker
Focus on family strengths	Focus on family strengths
Time limited	Time limited, but goal oriented
Responsive to family needs	Services responsive to family needs
Weekly contact	Frequent, often daily contacts
Referral to services	Referral to local services
Case worker does all the work	Social Worker I active in the case

The service plan developed for this case was slightly different from the ones formulated for traditional Family Preservation programs. Table 3 shows some of the differences utilized by this researcher, and the Gilroy DFCS office. Referrals to local (Gilroy) service agencies were used whenever possible. The social worker sought to connected not only Judy, but the entire family, to neighborhood agencies, such as the AA/NA meetings, family counseling, medical services and Drug Intervention groups. Counseling services for Judy and the girls, the Sober Living program, and parenting classes were services the family could access locally.

Case conferencings were conducted with a Gilroy Family Resource Center staff member every two months, and referrals for other family members were also made to the Center. These included drug treatment services for Mario, child care services as needed by two caretaker relatives, and a domestic violence support group, as needed by another caretaker relative.

Included in the service plan was a requirement for Judy to find permanent employment. This requirement was unusual as a case plan option in this office. With the housing shortage, and the lack of affordable housing in the Gilroy area, this researcher knew it would be impossible for Judy to become self sufficient, and find a home that she could afford without additional financial resources to the family. She would receive AFDC once her children are returned, but Judy needed income now, as she prepared to get the children back.

Until Judy found a job, she was required to actively look for employment. She was required to prove she was looking for work by providing her Social Worker written verification of where she had looked for employment; the party with whom she had spoken with; and the status of her application. If Judy is to be ready to become self-sufficient, she needed to be serious about finding and keeping a job.

Judy's requirement to be tested twice a week was compromised when she decided to use the "Patch". She was one of the first individuals in the Gilroy office to wear this new drug detection tool. The "patch" was worn for 7 to 10 days and it freed the participant from having to come into our office twice a week for the regular random drug testing.

The results are as accurate as the urinalysis, but the process is more sanitary, and more convenient for the client, especially for the ones who do not have personal transportation.

Judy's service plan also included a Family Conference. As stated above, the goals of the Conference were not realized, but, those members who were present did provide input into possible solutions for Judy and her family. The Family Conference approach is still a novel approach in Santa Clara County. During a Family Conference, the case worker looks for family strengths, not family pathologies, and the family could be instrumental in formulating a service plan that the mother and the children could live with.

Home supervision was vital part of the Hernandez family plan. A Social Worker I was assigned to the case to provide supervision for the visits; to monitor the "patch" removal and re-application; to provide transportation for visits, for doctor's appointments; and to follow up with relative caretakers. The Social Worker I who was assigned to Judy's case will continue to monitor the case, when the family is reunited.

Visits between Judy and this researcher were often, but they were not confined to the office. This researcher made several visits to Mariposa Lodge, the Sober Living home, Judy's place of employment, and at the park once while she was visiting with the children. There were times when the visits were short, and there were times when the visits lasted up to two hours. Visits were made during the day and they were made at nights and/or weekends.

The focus of the service plan, and the Family Preservation program was to build on family strengths, coping skills, and to provide practical assistance to the family. There

was buy-in from family members, especially those relatives who cared for the children while Judy was in treatment.

As a result of formulating a service plan that was "user friendly" for the family, and responsive to the needs of Judy and her children, Judy has maintained her clean and sober pledge for the past six months. Judy has told this researcher that the longest she had stayed clean had been one week, and that it was extremely difficult to do. Judy now believes in the program of sobriety, and wants to adopt this lifestyle for the betterment of her family. She is constantly reminded of a period of time in her life when she was looked at as the "role model" in her family. Granted she had problems then, but in spite of those problems she maintained a home for her children; they were well fed and clothed, and they functioned together as a family unit. Judy wanted her family to be proud of her again. Judy's siblings also wanted to know they can again trust and depend on their sister.

This researcher cannot select any one of the interventions used and say it alone was the reason that Judy was able to remain drug free. The combination of interventions, and the accountability placed on Judy by her social worker and other professionals working with her were important factors in her staying clean, but Judy alone was responsible for the progress she has made thus far. Her love for her daughters, her determination to prove to her family and friends that she can remain drug free and the support her family provided for her, gave Judy the strength to preserver, especially when she felt like giving up.

The continuum of services offered in the community of Gilroy were extremely important to the work that was done by DFCS. Many of the citizens of Gilroy who need services are reluctant to accept those services if they are offered outside of the community. In order to remain effective, it is imperative that joint partnerships and collaborative efforts continue to be formed between DFCS and community agencies.

DFCS needs to become more visible in the community, not as a punitive or reactive agency, but more in the preventative posture. More work needs to be done in the elementary and junior high schools to alert parents, neighbors, and teachers to the reality and the dangers of child abuse and neglect, and to teach the community that DFCS can be a "helpful" resource for families of Gilroy.

The use of the Social Worker I in the Family Preservation program has also improved the effectiveness of the program. The Social Worker was the "eyes and ears" of the case carrying Social Worker. The Social Worker I performs timely and invaluable services that the regular social worker does not have time to do, due to their heavy caseload demands. The Social Worker I assigned to this case confirmed many of the suspicions this researcher had about the progress or the lack of progress the client was making. The Social Worker I had insight into other problems that were not being addressed by the client, and she provided most of the transportation and visitation supervision. Without her assistance, this researcher's job would have been much more difficult to do.

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Appendices

Appendix A

Participant Consent Form

County of Santa Clara

Social Services Agency
Department of Family & Children's Services

Gilroy Family Center
7350 Rosanna Street
Gilroy, California 95020-6195
(408) 848-1260 FAX 848-1496

Research and program Evaluation Confidentiality Consent Form

The Santa Clara Clara County Social Services Agency, Department of Family and Children's Services, in conjunction with San Jose State University is conducting a specialized evaluation or research study. I understand that any information used will be strictly confidential. I grant permission to the evaluator/researcher to analyze information in my case record, both written and computerized, interview me, and observe groups in which I participate in, for the purpose of the specialized evaluation or study.

I understand that I can refuse to participate in the program evaluation or research study. I also understand that if I do participate, I have the right to withdraw at any time. Services offered to me will not be affected by my refusal to participation. I understand that there are no known risks associated with participation in this evaluation or study, and that my participation is completely confidential.

I have read and have had the above information read to me and I agree to participate in the study described.

Participant _____ Date 2/13/97

M.S.W. Intern Pauline (Chris) Carnegie Date 2/13/97

Field Instructor _____ Date 2-5-97

consent 10/28/96

Appendix B

Field Agency's Approval

San José State University
College of Social Work

Field Agency's Approval of Research Project Prospectus

Instructions: This form must be completed by all students participating in university related research projects, including S.W. 298 projects. The form should be completed and submitted to the student's S.W. 298 instructor or faculty sponsor. All students are expected to advise their agencies of the content of their research projects as well as plans related to their proposed methodology, data collection, and data analysis activities. Completion of this form does not remove the obligations of students to complete other college, university, or agency research review and approval procedures/policies.

If significant changes are made in the project a new form must be completed and submitted. All S.W. 298 students must complete and submit this form prior to commencing their actual research work with data collection or clients; and in any event before the end of their first semester of study.

The field instructor's or other agency representative's signature certifies that the student has discussed and shared their plans with the agency, and that the agency is not in opposition to the project. The S.W. 298 instructor and/or other college officials should be contacted if there are any concerns, questions, or objections.

Name of Student Chris Carney Name of Agency Santa Clara Dept of Family & Childrens Services

Field Instructor's Name Gwen Westphal F.I.'s Telephone # 848-1263

SJSU Instructor's Name Marty Tweed Semester(s) Fall 96/Spring 97

Proposed Topic Family Preservation Interventions w/a Latina Substance Abuser

Brief Description of Project - Including Timelines, Sample/Subjects, and Methodology:

Single Subject Design
Time Lines October 96 - April 1997
Sample taken from active caseload.

Signature of Student Chris Carnegie Date 12/12/96

Signature of Field Inst./Agency Rep. [signature] Date 12/12/96

Signature of 298 Instructor/College Rep. [signature] Date 12/19/96

Appendix C

Generalized Contentment Scale

GENERALIZED CONTENTMENT SCALE

Name_____ Date_____

This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as careful and accurately as you can by placing a number beside each one as follows:

1 Rarely or none of the time
2 A little of the time
3 Some of the time
4 Good part of the time
5 Most of the time

Please begin.

1. I feel powerless to do anything about my life. _____
2. I feel blue. _____
3. I am restless and can't keep still. _____
4. I have crying spells. _____
5. It is easy for me to relax. _____
6. I have a hard time getting started on things that I need to do. _____
7. I do not sleep well at nights. _____
8. When things get tough, I feel there is always someone to turn to. _____
9. I feel that the future looks bright to me. _____
10. I feel downhearted. _____
11. I feel that I am needed. _____
12. I feel that I am appreciated by others. _____
13. I enjoy being active and busy. _____
14. I feel that others would be better off without me. _____
15. I enjoy being with other people. _____
16. I feel it is easy for me to make decisions. _____
17. I feel downtrodden. _____
18. I am irritable. _____
19. I get upset easily. _____
20. I feel that I don't deserve to have a good time. _____
21. I have a full life. _____
22. I have a lot people really care about me. _____
23. I have a great deal of fun. _____
24. I feel great in the morning. _____
25. I feel that my situation is hopeless. _____

5,8,9,11,12,13,15,16,21,22,23,24

Appendix D

Addiction Severity Index

Addiction Severity Index 5th Edition

Census Compatible Clinical/Training Version
(Sponsored by: QuickStart Systems, Inc.)

Harold C. Urschel, III, M.D.
Jacqueline Blair
A. Thomas McLellan, Ph.D.

Remember: This is an interview, not a test.

NTRODUCING THE ASI:

Seven potential problem areas:
Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological.

All clients receive this same standard interview.

All information gathered is confidential.

There are two time periods we will discuss:
1. The past 30 days
2. Lifetime Data

'atient Rating Scale:

'atient input is important. For each area, I will ask you to se this scale to let me know how bothered you have been y any problems in each section. I will also ask you how nportant treatment is for you for the area being discussed.

he scale is: 0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

you are not comfortable giving an answer, simply decline answer.

'ease do not give inaccurate information!

TERVIEWER INSTRUCTIONS:

Leave no blanks.
Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
X = Question not answered.
N = Question not applicable.
Terminate interview if client misrepresents two or more sections.
When noting comments, please write the question number along with the notes in the Comments sections. Comments preceded with ">" are notes for clarification purposes.

ALF TIME RULE: If a question is interested in the number of months, you can round up periods of 14 days or more to 1 month. If the question is only interested in the number of years and not months, you can round 6 months or more up to 1 year.

FIDENCE RATINGS:
> Last two items in each section.
> Do not over interpret.
> Denial does not warrant misrepresentation.
> Misrepresentation = overt contradiction in information.

ROBE AND MAKE PLENTY OF COMMENTS.

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, little businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, policeman, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers =Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups =Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines =Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other =ChloralHydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstacy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toulene, Etc.

Just note if these are used: Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventoline Inhaler, Theodur
Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. If the client has been detained or incarcerated during the past 30 days, and this period of incarceration is less than 1 year, you would use the 30 days prior to incarceration, in answering the 30 days questions. However, if the client has been incarcerated for more than 1 year, you would only gather lifetime use information, unless the client admits to significant alcohol/drug use during incarceration. This guideline applies only to the alcohol/drugs section.

> 30 day questions only require the number of days used.
> Lifetime use is asked to determine extended periods of use.
> Regular use = 3+ times per week, 2+ day binges, or problematic irregular use in which normal activities are compromised.
> Alcohol to intoxication does not necessarily mean "drunk", use the words "felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines intoxication.
> How to ask these questions?
>How many days in the past 30 have you used....?
>How many ...

GENERAL INFORMATION

No.: ☐☐☐☐☐☐☐☐☐☐

SS No.: ☐☐☐ - ☐☐ - ☐☐☐☐

Date of Admission: ☐☐ / ☐☐ / ☐☐

Date of Interview: ☐☐ / ☐☐ / ☐☐

Time Begun: HOUR: MINUTES ☐☐ : ☐☐

Time Ended: HOUR:MINUTES ☐☐ : ☐☐

Class: 1. Intake 2. Follow-up ☐

Contact Code: 1. In person 3. Mail
2. Telephone (Intake ASI must be in person) ☐

Gender: 1. Male 2. Female ☐

Treatment Episode No.: ☐☐

terviewer Code No.: ☐☐

Special: 1. Patient terminated
2. Patient refused 3. Patient unable to respond ☐

Name

Address 1

Address 2

City State Zip Code

1. How long have you lived at this address? (Years/Months) ☐☐ / ☐☐

2. Is this address owned by you or your family? 0-No 1-Yes ☐

3. Date of birth: (Month/Day/Year) ☐☐ / ☐☐ / ☐☐

4. Of what race do you consider yourself? ☐
   1. White (not Hisp) 5. Asian/Pacific 9. Unknown
   2. Black (not Hisp) 6.
   3. Hispanic 7.
   4. Indian/Alaskan 8. Other

5. Do you have a religious preference? ☐
   1. Protestant 3. Jewish 5. Other
   2. Catholic 4. Islamic 6. None

6. Have you been in a controlled environment in the past 30 days? ☐
   1. No 4. Medical Treatment
   2. Jail 5. Psychiatric Treatment
   3. Alcohol/Drug Treat. 6. Other: _____
   > A place, theoretically, without access to drugs/alcohol.

7. How many days? ☐☐
   > "NN" if Question No. 6 is No. Refers to total number of days detained in the past 30 days.

ADDITIONAL TEST RESULTS

_____ ☐☐
_____ ☐☐
_____ ☐
_____ ☐☐
_____ ☐
_____ ☐☐
_____ ☐☐
_____ ☐☐
_____ ☐☐

PROBLEMS	SEVERITY PROFILE* 0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMP/SUP										
ALCOHOL										
DRUGS										
LEGAL										
FAM/SOC										
PSYCH										

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

MEDICAL STATUS

1. How many times in your life have you been hospitalized for medical problems: [ ][ ]
   >Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

2. How long ago was your last hospitalization for a physical problem: [ ][ ] Yrs. / [ ][ ] Mos.
   >If no hospitalizations in Question 1, then this should be "NN".

3. Do you have any chronic medical problems which continue to interfere with your life: 0 - No 1- Yes [ ]
   If "Yes" specify in comments.
   >A chronic medical condition is a serious physical or medical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

3b. <OPTIONAL> Number of months pregnant: [ ] Mos.
   >"N" for males, "0" for not pregnant.

4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes [ ]
   If yes, specify in comments.
   >Medication prescribed by a MD for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

5. Do you receive a pension for a physical disability? 0 - No 1 - Yes [ ]
   >Include Workers' compensation, exclude psychiatric disability.
   If yes, specify in comments.

6. How many days have you experienced medical problems in the past 30 days? [ ][ ]
   >Do not include ailments directly caused by drugs/alcohol. Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

For Questions 7 & 8, ask the patient to use the Patient Rating scale.

7. How troubled or bothered have you been by these medical problems in the past 30 days? [ ]
   >Restrict response to problem days of Question 6.

8. How important to you now is treatment for these medical problems? [ ]
   >Refers to the need for additional medical treatment by the patient.

INTERVIEWER SEVERITY RATING

9. How do you rate the patient's need for medical treatment? [ ]
   >Refers to the patient's need for additional medical treatment.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

10. Patient's misrepresentation? 0 - No 1 - Yes [ ]

11. Patient's inability to understand? 0 - No 1 - Yes [ ]

MEDICAL COMMENTS

(Include question number with your notes)

EMPLOYMENT/SUPPORT STATUS

1. Education completed: ☐☐ / ☐☐ (Yrs. / Mos.)
   >GED = 12 years, note in comments.
   >Include formal education only.

2. Training or Technical education completed: ☐☐ (Mos.)
   >Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics vs. artillery.

3. Do you have a profession, trade, or skill? 0-No 1-Yes ☐
   >Employable, transferrable skill acquired through training.
   If "Yes" (specify) _____

4. Do you have a valid driver's license? 0-No 1-Yes ☐
   >Valid license; not suspended/revoked.

5. Do you have an automobile available? 0-No 1-Yes ☐
   >If answer to #4 is "No", then #5 must be "NN". Does not require ownership, only requires availability on a regular basis.

6. How long was your longest full time job? ☐☐ / ☐☐ (Yrs. / Mos.)
   >Full time = 35+ hours weekly; does not necessarily mean most recent job.

7. Usual (or last) occupation? ☐
   (specify) _____
   (use Hollingshead Categories Reference Sheet)

8. Does someone contribute to your support in anyway? 0-No 1-Yes ☐
   >Is patient receiving any regular support (i.e., cash, food, housing) from family/friend. Include spouse's contribution; exclude support by an institution.

9. Does this constitute the majority of your support? 0-No 1-Yes ☐
   >If No. 8 is "No", then No. 9 is "N" for N/A.

10. Usual employment pattern, past three years? ☐
    1. Full time (35+ hours)
    2. Part time (regular hours)
    3. Part time (irregular hours)
    4. Student
    5. Service
    6. Retired/Disability
    7. Unemployed
    8. In controlled environment
    >Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents more current situation.

11. How many days were you paid for working in the past 30 days? ☐☐
    >Include "under the table" work, paid sick days and vacation.

How much money did you receive from the following sources in the past 30 days?

12. Employment? ☐☐☐☐☐
    >Net or "take home" pay, include any "under the table" money.

13. Unemployment Compensation? ☐☐☐☐☐

14. Welfare? ☐☐☐☐☐
    >Include food stamps, transportation money provided by an agency to go to and from treatment.

15. Pensions, benefits or Social Security? ☐☐☐☐☐
    >Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

EMPLOYMENT/SUPPORT (cont.)

16. Mate, family, or friends? ☐☐☐☐
> Money for personal expenses, (i.e. clothing), include unreliable sources of income (eg. gambling). Record cash payments only, include windfallss (unexpected), money from loans, gambling, inheritance, tax returns, etc.).

17. Illegal? ☐☐☐☐
> Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.

18. How many people depend on you for the majority of their food, shelter, etc.? ☐☐
> Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

19. How many days have you experienced employment problems in the past 30 days? ☐☐
> Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

For Questions 20 & 21, ask the patient to use the Patient Rating scale.

20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐
> If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. In that case an "N" response is indicated.

21. How important to you now is counseling for these employment problems? ☐
> The patient's ratings in Questions 20 & 21 refer to Question 19. Stress help in finding or preparing for a job, not giving them a job.

INTERVIEWER SEVERITY RATING

22. How would you rate the patient's need for employment counseling? ☐

CONFIDENCE RATINGS

:s the above information significantly distorted by:

23. Patient's misrepresentation? 0-No 1-Yes ☐

_4. Patient's inability to understand? 0-No 1-Yes ☐

EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

ALCOHOL/DRUGS

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
Mark the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

		Past 30 Days	Lifetime	Route of Admin
01	Alcohol (any use at all)			
02	Alcohol (to intoxication)			
03	Heroin			
04	Methadone			
05	Other Opiates/Analgesics			
06	Barbiturates			
07	Sedatives/Hypnotics/ Tranquilizers			
08	Cocaine			
09	Amphetamines			
10	Cannabis			
11	Hallucinogens			
12	Inhalants			
13	More than 1 substance per day (including alcohol)			

14. According to the interviewer, which substance is the major problem?
> Interviewer should determine the major drug of abuse. Code the number next to the drug in questions 01-12, "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug. Ask patient when not clear.

14b. <OPTIONAL> According to the patient, which substance is the major problem?

15. How long was your last period of voluntary abstinence from this major substance? Mos.
> Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration do not count. Periods of anatabuse, methadone, or naltrexone use during abstinence do count. Only show periods 30 days or greater.

00 = never abstinent. If question 15 = 00, then question 16 = NN

16. How many months ago did this abstinence end? Mos.
> Refers to question 15; "00" = still abstinent.

17. How many times have you had:
Alcohol DT's?
Overdosed on Drugs?

Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.
Overdoses (OD): Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

ALCOHOL/DRUGS (cont.)

18. How many times in your life have you been treated for: Alcohol abuse? [ ][ ]
Drug abuse? [ ][ ]

>Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3 + meetings within one month period).

19. How many of these were detox only:
Alcohol? [ ][ ]
Drugs? [ ][ ]
>If #18 = "00", then this is "NN"

20. How much money would you say you spent during the past 30 days on:
Alcohol? [ ][ ][ ][ ]
Drugs? [ ][ ][ ][ ]
>Only count actual money spent. What is the financial burden caused by drugs/alcohol?

21. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days? (include AA/NA) [ ][ ]

21b. <OPTIONAL> How many days have you been treated as an inpatient for alcohol or drugs in the past 30 days? [ ][ ]

22. How many days in the past 30 have you experienced: Alcohol problems? [ ][ ]
Drug problems? [ ][ ]
>Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

For Questions 23 & 24, ask the patient to use the Patient Rating scale.
The patient is rating the need for additional substance abuse treatment.

23. How troubled or bothered have you been in the past 30 days by these:
Alcohol problems? [ ]
Drug problems? [ ]

24. How important to you now is treatment for these: Alcohol problems? [ ]
Drug problems? [ ]

INTERVIEWER RATING

25. How would you rate the patient's need for treatment: Alcohol problems? [ ]
Drug problems? [ ]

CONFIDENCE RATINGS

Is the above information significantly distorted by:
26. Patient's misrepresentation? 0-No 1-Yes [ ]
27. Patient's inability to understand? 0-No 1-Yes [ ]

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

LEGAL STATUS

1. Was this admission prompted or suggested by the criminal justice system? 0 - No 1 -Yes ☐
   >judge, probation/parole officer, etc.

   Are you on parole or probation? 0 - No 1 -Yes ☐
   >Note duration and level in comments.

3. How many times in your life have you been arrested and charged with the following:

03 Shoplift./Vandal.	☐☐	10 Assault	☐☐
04 Parole/Probation	☐☐	11 Arson	☐☐
05 Drug Charges	☐☐	12 Rape	☐☐
06 Forgery	☐☐	13 Homicide/Mansl.	☐☐
07 Weapons Offense	☐☐	14a Prostitution	☐☐
08 Burglary/Larceny/B&E	☐☐	14b Contempt of Court	☐☐
08 Robbery	☐☐	14c Other: _____	☐☐

>Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult. Include formal charges only.

15. How many of these charges resulted in convictions? ☐☐
    >If 03-14 = 00, then question 15 = "N".
    >Do not include misdemeanor offenses from questions 16-18 below.
    >Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

How many times in your life have you been charged with the following:

16. Disorderly conduct, vagrancy, public intoxication? ☐☐

17. Driving while intoxicated? ☐☐

18. Major driving violations? ☐☐
    >Moving violations: speeding, reckless driving, no license, etc.

19. How many months were you incarcerated in your life? ☐☐ Mos.
    >If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

20. How long was your last incarceration? ☐☐ Mos.
    >Enter "NN" if never incarcerated.

21. What was it for? ☐☐
    >Use code 03-14, 16-18. If multiple charges, use most severe code. Enter "NN" if never incarcerated.

22. Are you presently awaiting charges, trial, or sentence? 0 - No 1 - Yes ☐

23. What for? ☐☐
    >Refers to Q# 22. If more than one, choose most severe.
    Don't include civil cases, unless a criminal offense is involved.

24. How many days in the past 30, were you detained or incarcerated? ☐☐
    >Include being arrested and released on the same day.

LEGAL COMMENTS

(Include question number with your notes)

LEGAL STATUS (cont.)

25. How many days in the past 30 have you engaged in illegal activities for profit? ☐☐
> Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question 17 under Employment/Family Support Section.

For Questions 26 & 27, ask the patient to use the Patient Rating scale.

26. How serious do you feel your present legal problems are? > exclude civil problems ☐

27. How important to you now is counseling or referral for these legal problems? ☐
> Patient is rating a need for additional referral to legal counsel for defense against criminal charges.

INTERVIEWER SEVERITY RATING

28. How would you rate the patient's need for legal services or counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

29. Patient's misrepresentation? 0 - No 1- Yes ☐

30. Patient's inability to understand? 0 - No 1- Yes ☐

LEGAL COMMENTS

(Include question number with your notes)

FAMILY HISTORY

e any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem? One that did or should have led to treatment?

Mother's Side	Alcohol	Drug	Psych.	Father's Side	Alcohol	Drug	Psych.	Siblings	Alcohol	Drug	Psych.
Grandmother	☐	☐	☐	Grandmother	☐	☐	☐	Brother 1	☐	☐	☐
Grandfather	☐	☐	☐	Grandfather	☐	☐	☐	Brother 2	☐	☐	☐
Mother	☐	☐	☐	Father	☐	☐	☐	Sister 1	☐	☐	☐
Aunt	☐	☐	☐	Aunt	☐	☐	☐	Sister 2	☐	☐	☐
Uncle	☐	☐	☐	Uncle	☐	☐	☐				

0 = Clearly No for all relatives in that category
1 = Clearly Yes for all relatives in that category
X = Uncertain or don't know
N = Never was a relative

In cases where there is more than one person for a category, report the most severe. Accept the patient's judgement on these questions.

FAMILY HISTORY COMMENTS

FAMILY/SOCIAL RELATIONSHIPS

1. Marital Status: ☐
   1-Married 3-Widowed 4-Divorced
   2-Remarried 4-Separated 6-Never Married
   >Common-law marriage = 1. Specify in comments.

2. How long have you been in this marital status (Q #1)? ☐☐ / ☐☐ Yrs. Mos.
   >If never married, then since age 18.

3. Are you satisfied with this situation? 0-No 1-Indifferent 2-Yes ☐
   >Satisfied = generally liking the situation.
   Refers to Questions 1 & 2.

4. Usual living arrangements (past 3 years): ☐
   1-With sexual partner & children 6-With friends
   2-With sexual partner alone 7-Alone
   3-With children alone 8-Controlled Environ.
   4-With parents 9-No stable arrangement
   5-With family
   >Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

5. How long have you lived in these arrangements? ☐☐ / ☐☐ Yrs. Mos.
   >If with parents or family, since age 18.
   >Code years and months living in arrangements from Question 4.

6. Are you satisfied with these arrangements? 0-No 1-Indifferent 2-Yes ☐

<OPTIONAL> INFORMATION ON CHILDREN	# CHILDREN IN EACH AGE GROUP			
	0-2	3-5	6-17	18+
How many children are living with you?				
How many of your own (biological) children are alive?				
How many of your own children are not living with you?				
Of those not living with you, who has custody?				

CUSTODY CODES: 1=Family 3=Institution
2=Other Individual 4=Other (specify)

Do you live with anyone who:

a. Has a current alcohol problem? 0-No 1-Yes ☐

b. Uses non-prescribed drugs? 0-No 1-Yes ☐

7. With whom do you spend most of your free time? 1-Family 2-Friends 3-Alone ☐
   >If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend. Family is not to be referred to as a "friend".

8. Are you satisfied with spending your free time this way? 0-No 1-Indifferent 2-Yes ☐
   >A satisfied response must indicate that the person generally likes the situation. Referring to Question 7.

9. How many close friends do you have? ☐
   >Stress that you mean close. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

FAMILY/SOCIAL (cont.)

9A. Would you say you have had a close reciprocal relationship with any of the following people:

Mother	☐	Sexual Partner/Spouse	☐
Father	☐	Children	☐
Brothers/Sisters	☐	Friends	☐

0 = Clearly No for all in class X = Uncertain or "I don't know
1 = Clearly Yes for any in class N = Never was a relative

> By reciprocal, you mean "that you would do anything you could to help them out and vice versa".

Have you had significant periods in which you have experienced serious problems getting along with:

	0 - No 1 - Yes	Past 30 days	In Your Life
10. Mother		☐	☐
11. Father		☐	☐
12. Brother/Sister		☐	☐
13. Sexual Partner/Spouse		☐	☐
14. Children		☐	☐
15. Other Significant Family (specify)_____		☐	☐
16. Close Friends		☐	☐
17. Neighbors		☐	☐
18. Co-workers		☐	☐

"Serious problems" mean those that endangered the relationship. "problem" requires contact of some sort, either by telephone or in person.

Did any of these people (in Questions 10 - 18) abuse you?

	0 - No 1 - Yes	Past 30 days	In Your Life
18a. Emotionally? > Made you feel bad through harsh words.		☐	☐
18b. Physically? > Caused you physical harm.		☐	☐
18c. Sexually? > Forced sexual advances/acts.		☐	☐

How many days in the past 30 have you had serious conflicts:

19a. With your family? ☐☐

19b. With other people (excluding family)? ☐☐

For Questions 20-23, ask the patient to use the Patient Rating scale.

How troubled or bothered have you been in the past 30 days by:

20. Family problems? ☐

21. Social problems? ☐

How important to you now is treatment or counseling for these:

22. Family problems ☐
> Patient is rating his family's need for counseling for family problems, not whether they would be willing to attend.

Social problems ☐
> Exclude patient's need to seek treatment for such social problems as loneliness, inability to socialize, and satisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse.

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

FAMILY/SOCIAL (cont.)

INTERVIEWER SEVERITY RATING

24. How would you rate the patient's need for family and/or social counseling? ☐

CONFIDENCE RATING

Is the above information significantly distorted by:

25. Patient's misrepresentation? 0-No 1-Yes ☐

26. Patient's inability to understand? 0-No 1-Yes ☐

PSYCHOLOGICAL STATUS

1. How many times have you been treated for any psychological or emotional problems:
   In a hospital or inpatient setting? ☐☐

   Outpatient/private patient? ☐☐

   > Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
   > Enter diagnosis in comments if known.

. Do you receive a pension for a psychiatric disability? 0-No 1-Yes ☐

ave you had a significant period of time (that was not a t result of alcohol/drug use) in which you have:

	0-No 1-Yes	Past 30 Days	Lifetime
Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?		☐	☐
Experienced serious anxiety/ tension-uptight, unreasonably worried, inability to feel relaxed?		☐	☐
Experienced hallucinations-saw things or heard voices that were not there?		☐	☐
Experienced trouble understanding, concentrating, or remembering?		☐	☐
Experienced trouble controlling violent behavior including episodes of rage, or violence? > Patient can be under the influence of alcohol/drugs.		☐	☐
Experienced serious thoughts of suicide? > Patient seriously considered a plan for taking his/her life.		☐	☐
Attempted suicide? > Include actual suicidal gestures or attempts.		☐	☐
. Been prescribed medication for any psychological or emotional problems? > Prescribed for the patient by MD. Record "Yes" if a medication as prescribed even if the patient is not taking it.		☐	☐

. How many days in the past 30 have you experienced these psychological or emotional problems? ☐☐
> This refers to problems noted in Questions 3-9.

FAMILY/SOCIAL COMMENTS

(Include question number with your comments)

PSYCHOLOGICAL STATUS COMMENTS

(Include question number with your comments)

SYCHOLOGICAL STATUS (cont.)

- Questions 12 & 13, ask the patient to use the Patient Rating scale

How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐
>Patient should be rating the problem days from Question 11.

How important to you now is treatment for these psychological or emotional problems? ☐

following items are to be completed by the interviewer:

ne time of the interview, the patient was: 0-No 1-Yes

Obviously depressed/withdrawn ☐

Obviously hostile ☐

Obviously anxious/nervous ☐

Having trouble with reality testing, thought disorders, paranoid thinking ☐

Having trouble comprehending, concentrating, remembering ☐

Having suicidal thoughts ☐

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for psychiatric/psychological treatment? ☐

CONFIDENCE RATING

Patient's misrepresentation? 0-No 1-Yes ☐

Patient's inability to understand? 0-No 1-Yes ☐

PSYCHOLOGICAL STATUS COMMENTS

(Include question number with your notes)

Appendix E

Index of Family Relations

INDEX OF FAMILY RELATIONS SCALE

Name_____ Date_____

This questionnaire is designed to measure the way you feel about your family as a whole. It is not a test, so there is no right answer or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows.

1	Rarely or none of the time
2	A little of the time
3	Some of the time
4	A good part of the time
5	Most of the time

Please begin.

1.	The members of my family really care about each other.	_____
2.	I think my family is terrific.	_____
3.	My family gets on my nerves.	_____
4.	I really enjoy my family.	_____
5.	I can really depend on my family.	_____
6.	I really do not care to be around my family.	_____
7.	I wish I was not a part of this family.	_____
8.	I get along well with my family.	_____
9.	Members of my family argue too much.	_____
10.	There is no sense of closeness in my family.	_____
11.	I feel like a stranger in my family.	_____
12.	My family does not understand me.	_____
13.	There is too much hatred in my family.	_____
14.	Members of my family are really good to each other.	_____
15.	My family is well respected by those who know us.	_____
16.	There seems to be a lot of friction in my family.	_____
17.	There is a lot of love in my family.	_____
18.	Members of my family get along well together.	_____
19.	Life in my family is generally unpleasant.	_____
20.	My family is a great joy to me.	_____
21.	I feel proud of my family.	_____
22.	Other families seem to get along better than ours.	_____
23.	My family is a real source of comfort to me.	_____
24.	I feel left out of my family.	_____
25.	My family is an unhappy one.	_____

1,2,4,5,8,14,15,17,18,20,21,23

Appendix F

Parenting Certificate

POSITIVE PARENTING

ARH RECOVERY HOMES, INC.
MARIPOSA LODGE

This is to certify that on March 17, 1997

successfully completed a thirty-hour
parenting class.

The course has primary focus on
guidelines of Self Esteem, Effective
Communication, Positive Discipline,
Anger Management, Child Development and
Family Systems.

Sally Reese Felles

Sally Felles
Program Director

Donna Ferguson

Donna Ferguson
Parenting Educator

Appendix G

Human Subjects Review

San José State
UNIVERSITY

Office of the Academic Vice President
Associate Vice President Graduate Studies and Research
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Voice: 408-924-2480
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TO: Pauline Carnrgie
5959 S. Breeze Ct.
San Jose, CA 95138

FROM: Serena W. Stanford Serena W. Stanford
AAVP, Graduate Studies & Research

DATE: March 20, 1997

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

"Family Preservation Interventions with a Latina Substance Abuser"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Serena Stanford, Ph.D., immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.