Evidence-based Programs for Children and Families Impacted by Alcohol and Other Drugs:

What We Know and What We Are Learning

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Steve Hornberger and Jeanie Ahern Greene
Three Questions

- When the public hears a family has an alcohol or drug problem, they usually believe…

- Working with a family receiving drug treatment is challenging because…

- I have been successful working with a family receiving drug treatment when I …
Changing Family Demographics

- Marriage rates have declined
- Divorce rates have increased
- Single parent households common
- Grandparents are more likely to raise grandchildren
Impact

- 24.3 million over 12 classified as dependant or abusing drugs
- 3.8 million received treatment for drug or alcohol abuse
- 15.7 million (77.6%) employed
- 19.9% of unemployed adults over 18 were classified with dependence or abuse of illicit drugs
Impact (cont.)

- ½ of all children (35.6 million) live in a household where a parent or other adults use tobacco, drink heavily or use illicit drugs.
- 13% of children under 12 live in a household where a parent or other adults use illicit drugs.
- 1 in 4 children under the age of 18 has a family member who abuses alcohol or has alcoholism.
- A child of an AOD abuser is 3 to 4 times more likely to develop AOD problems and to have increased risks for negative health, mental health, educational and employment outcomes.
Adverse Childhood Experiences Study (ACES)

- Fairly common
- Generally clustered
- Have a cumulative effect on healthy development and health care status
ACES

Death

Early Death

Disease, Disability and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, & Cognitive Impairment

Adverse Childhood Experiences

Conception

Scientific gaps
The Gaps

- Of the 21.1 million who needed treatment but did not receive it, only 1.2 million (5.8%) felt they needed it (denial gap)

- Of that 1.2 million, 441,000 (35.8%) said they made an effort but were unable to get it (treatment gap)

- 792,000 (64.2%) reported making no effort (motivation gap).
Family engagement/involvement: Why is it important?

- Right thing to do
- System reforms are mandating it
- Stakeholders are advocating for it
- Because it works!
Family engagement/involvement

- Increased involvement equals increased ownership equals improved outcomes
- Services can be organized on a continuum from family friendly to family focused to family centered to family driven.
- Collaborative partnership of expertise, resources and experience.
Parenting As Prevention:

Overview of an Evidence-based Family Skills Training Prevention Model Programs
Parenting Is Prevention

- Reducing Risk Factors
- Building Protective Factors
- Strengthening Resiliency Factors
Parents Matter

- Parents and Elders are Role Models and Teach Children Health Habits
Parents’ Influence Equals Peers

- National Longitudinal Adolescent Health Survey (Resnick, et al., 1998)
- Kumpfer & Turner (1990/1991)’s Social Ecology Model
- CSAP’s High Risk Youth Pathway Models (CSAP, 1999)
Parent Protective Influence

Teens report parent disapproval is the primary reason not to use drugs.

(Monitoring the Future, 2001)
Critical Role of Effective Parenting

- Effective parenting is the Anti-Drug and critical to child abuse prevention.
- A root cause of child abuse is substance abuse and ineffective parenting.
- Parents teach values and habits, by their actions and by their words. SFP breaks the multi-generational pattern of drug abuse and family violence.
- Parenting is an important component in multi-component prevention programs.
SFP Expected to Strengthen Major Protective Factors for Drug Use

- Self-Control
- Family Bonding
- Social and Community Prevention Environment
- Academic Self-Efficacy
- Family Supervision
- Family and Peer Norms
- No Substance Use

Female: (n=5,488)  Male: (n=3,023)
INTERNAL RISK AND PROTECTION BY AGE IN THE BASELINE SAMPLE
(n= 9,875)
Effect Sizes for Family Approaches (Tobler & Kumpfer)

- Parenting Skills Training: 0.31
- Family Therapy: 0.45
- Family Skills Training: 0.82
- In-home Family Support: 1.62
- Mean ES Family Interventions: 0.96
Effect Sizes for Prevention (Tobler, 1999)

- School-based Affective: -0.05
- Knowledge + Affective: 0.05
- Health Education: 0.18
- Life or Social Skills Training: 0.28
- Average of Youth-only Approaches: 0.10
Youth Risk Factors

- Skill Deficits
- Low Self-Esteem
- Behavior Problems
- Pro-Drug Attitudes
- Low Academic Motivation
- Psychological Disturbances
- Lack of Peer Refusal Skills
- Rejection of Pro-Social Values & Religion
Family Risk Factors

- Conflict
- Low expectations
- Poor management
- Poor communication
- Abuse
- Lack of care
- Lack of supervision
- Lack of appropriate discipline
- Lack of family customs and rituals
Family Protective Processes

- Parent/child attachment
- Parental monitoring and discipline
- Consistent, predictable parenting
- Parents’ communication of values (e.g., expectations not to use drugs and other risky behaviors)
SFP Focuses on Building Resiliency

- Resilient kids survive adverse situations, families and communities.
- Resilient youth do well despite family and personal problems or set-backs.
- Resilient youth learn from failures and bounce-back.
- Resilient youth are capable of positive change after life stressors.
Factors building resiliency in Youth

- one caring adult
- chance to contribute
- social skills
- self-discipline
- healthy expectations
- help with critical life decisions
Major Skills of Resilient Youth

- emotional management
- interpersonal social
- intrapersonal reflective
- academic skills
- restore self-esteem
- planning skills
- problem solving
Celebrating Families!

A Curriculum to Facilitate Recovery for Parents and Children Impacted by Alcohol or Drug Dependence
Why a specialized curriculum

All members of a chemically dependent family need to learn:

- Healthy living skills
- How to sustain recovery
- How to have positive relationships
- About the disease - they have been affected
- They are not alone
- Truth Statements
Helps Families

- Incorporate recovery and parenting
- Understand risk & resiliency factors
- How to break the cycle:
  - Saying “I love you”
  - Affirming children
  - Spending one-on-one time
Helps Families

- Break the rules
  - Don’t Trust
  - Don’t Talk
  - Don’t Feel

- Incorporate the Truth Statements
  - I did not CAUSE it.
  - I can not CURE it.
  - I can not CONTROL it.
  - I can help take CARE of myself – One day at a time
Four Aspects of Healthy Living

Physical
- Eat healthy foods.
- Get good exercise and proper rest.
- Maintain good personal hygiene.
- No harmful substances.

Psychological
- Stimulate curiosity and learning.
- Accept all my feelings.
- Celebrate who I am and what I can do!

Social
- Make good friends.
- Build family relationships.
- Be helpful and kind to others.
- Work together; cooperate.

Spiritual
- Discover beauty and awe in life.
- Find your purpose in life.
- Discover a Higher Power.
Celebrating Families Session

Family Dinner

Age-Appropriate Groups
  Opening
  Centering
  Group Agreements & Opening Activity
  Review (Acts of Kindness)

Insights for Living

Closing
  Reflection
  WOW Moments

Connecting With My Family
  Family Story
  Children’s Sharing
  Closing
  Group Agreements
  Activity


Celebrating Families

**Skills**
- Anger management
- Communication
- Feelings & Defenses
- Boundaries
- Resistance Skills: Saying NO, Boundaries
- Choosing safe & trustworthy friends
- Problem solving
- Centering/stress reduction

**Information**
- Facts about ATOD; brain chemistry, HALT
- How CD affects families
- Facts about domestic violence
- Learning differences and FASD
- Nutrition
- Risk & protective factors
- Being part of something larger than ourselves.
Evaluation results

- Time to reunification significantly decreased
- Impact on number of families reunified
- Large effect on parenting
- Participants learn and apply new skills
- Effective with Hispanic families

“indicating that CF! may be effective among different ethnic groups and a valuable resource for working in ethnically diverse communities. Similar programs might learn from the strategies and curriculum offered by CF!.”
What They Need

- **Caregivers:**
  - Words to share experiences
  - Understanding of family disease
  - Time with their children for healing
  - Making amends and forgiveness

- **Children:**
  - Words to say what happened
  - Understanding of family disease
  - Time with their caregivers to heal
  - Knowledge that it isn't their fault
Messages Children Need

- You’re not alone.
- It’s not your fault.
- You deserve help, and there are safe people and programs that can help you.
- Addiction is a health problem.
- It’s OK to feel your feelings.
- It’s important to talk; talking is not being disloyal to your family.
- Treatment helps, and recovery happens.
Messages Family Members Need

- Information about addiction as a family disease
- Information about the hope of treatment and the process of recovery
- Information on community-based supports; such as Al-Anon and Alateen
- Validation of their experiences
- Reassurance that affected children and spouses need and deserve support and help…whether or not the addicted family member recovers… and encouragement to act.
Celebrating Families addresses Developmental Assets

**External Assets**

- **Support:** Family Support & Communication, Other Adult Relationships, Caring Neighborhood, Caring School Climate, Parent Involvement in Schooling
- **Empowerment:** Community Values Youth, Service to Others, Safety
- **Boundaries & Expectations:** Family, School, & Neighborhood Boundaries, Adult Role Models, Positive Peer Influence, High Expectations, Creative Activities
- **Constructive Use of Time:** Youth Program, Religious Community, Time at Home
Celebrating Families addresses Developmental Assets

**Internal Assets**

- **Commitment to Learning:** Achievement Motivation, School Engagement, Bonding to School, Reading for Pleasure
- **Positive Values:** Caring, Equality & Social Justice, Integrity, Honesty, Responsibility, Restrain
- **Social Competencies:** Planning & Decision Making, Interpersonal Competence, Cultural Competence, Resistance Skills, Peaceful Conflict Resolution
- **Positive Identity:** Personal Power, Self-esteem, Sense of Purpose, Positive View of Personal Future
Getting Started

- Purchase Curriculum
- Identify staff
  - Site Coordinator (10 hrs a week)
    - 6-10 Group Leaders (2 per group)
- Arrange 2 Day training and/or Technical Assistance, if needed
- Plan Evaluation Process, if needed
- Address logistics
- Begin recruiting families
Strengthening Families Program

Overview for Community Implementation

Program & Curriculum Developed by:
Karol Kumpfer, Ph.D.
SFP MAJOR OBJECTIVES

- Improve Family Relations
- Increase Parenting Skills
- Increase Teen Social Skills
SFP Enhances Resiliency Factors

- Stresses importance of one caring adult
- Increases opportunities to help others
- Increases social skills for home & away
- Increases self-discipline
- Increases communication of family, including expectations about drugs & alcohol
- Stresses parents should help children with critical life decisions
Strengthening Families Program

- 1st research-based family program designed specifically for substance abusing parents and their children
- Developed on NIDA grant, 1982-1988
- Developed for elementary school-aged youth, ages 6-11
- Adapted for 3-5 and 12-16 age groups
- Selective prevention for at-risk groups of youth but also successful as universal
- NREPP Recognized as Evidence-based Practice
SFP Teaches Youth Resiliency Skills

- Social skills: speaking and listening
- Planning & organizing: family meetings
- Problem solving
- Goal Setting
- Parent/youth Communication
- Peer resistance
- Restoring self-esteem
- Identifying feelings, taking criticism
- Emotional management, coping with anger
Program Evaluation Methods

- Fidelity
  - Site Survey
  - Site Visit
- Outcomes
  - Parent Retrospective Pre/Posttest
Strengthening Families Program
Key Findings

Multiple Clinical Trails and Community Evaluations Found:

- Improved parenting knowledge & skills
- Improved family relationships
- Improved youth’s social skills and behavior
SFP Outcomes

- Parent Training: increases parenting skills and decreases youth’s conduct disorders and decreased family conflict
- Youth Skills Training: Increased youth’s social skills
- Family Skills Training increased family cohesion, communication and organization
- Reduced parent and youth alcohol/drug use
SFP Results: Parent

- Increased parenting efficacy
- Increased parenting skills
- Increased marital communication
- Decreased stress
- Decreased depression
- Decreased alcohol and drug use
SFP Results: Youth

- Decreased depression
- Decreased conduct disorders
- Decreased aggression
- Increased cooperation
- Increased number of pro-social friends
- Increased social competencies
- Increased school grades
- Decreased tobacco, alcohol or drug use
SFP 5-Year Follow-up Results

- More quality spent time with youth – 97%
- More appropriate consequences – 95%
- Increased enjoyment of the youth – 94%
- Better problem solving with youth – 84%
- Reduced family stress & conflict – 75%
- Holding family meetings monthly – 68%
- Holding a family meeting weekly – 37%
Strengthening Families Program: An Evidence-based Practice

- NIDA Red Book
- OJJDP Strengthening America’s Families
- CSAP Model Program
- CMHS Model Program
- ONDCP Model Program
- National Mental Health Association
- National Partner
Multicultural SFP Replications

- African-American, rural and urban
- Hispanic - Spanish language translation
- Pacific Islander version
- American Indian versions
- Culturally-specific Immigrant Adaptations
- Faith-based Implementations
- European National Initiatives
- Kansas and Oklahoma Child Abuse and Neglect Prevention and Reunification ACF Projects
- School-based Partnerships
- New Jersey Statewide Community-based Empowerment Model
SFP: Important Points

- SFP is three skills courses: Parenting, Children’s, & Family Skills.
- SFP skills are for *all* families; they are *not* special skills for deficient families.
- SFP does make learning “Life Skills” easier for high-stress families.
- SFP: a “family” is one or more adults with long-term responsibility for one or more children; a “parent” has that responsibility.
SFP: Goals and Settings

- SFP is *therapeutic*, but not therapy; personal disclosure is not required.
- Strong families reduce risk for many adverse behaviors in youth.
- SFP makes family life less stressful and more rewarding for parents under stress.
- SFP is delivered by schools, faiths, and community agencies for voluntary, referred, required and mandated families.
Family Eligibility

- Youth Between Curriculum Developmentally Determined Ages (3-5; 6-11; 12-16)
- Parent & Child Willing to Participate in the Program
- Primary Care Giver- Responsible Adult
- Able to participate in a group
SFP in Practice

- **SFP: 3 Life Skills Courses:** Parents, Teens & Family Skills
- All three are taught together, typically over 14 weeks
- Courses can be “unbundled,” but are most effective when taught together
SFP:

Core Curriculum Components

- Parent/youth Attachment and Bonding (Weeks 1-4)
- Parent/youth Communication/Family Organization (Weeks 5-10)
- Parental Supervision, Building Discipline (Weeks 11-13)
- Graduation
- Booster Sessions
SFP Course Materials

- 3 Group Leader **Manuals**: Parent’s, Teen & Family Groups -- including complete lessons for all classes
- 2 Participant’s **Handbooks**: Parent’s and Teen’s – worksheets, lessons
- 1 Implementation **Manual** -- including outcome, process & fidelity checks
- **Handbooks** are included, chapter by chapter, in Group Leader **Manuals**
A Typical Weekly Session

- **Dinner** - families sit together, with other families & Group Leaders
- **1st Class Hour**: Parents’ Group and Teen Group
- **2nd Class Hour**: families rejoin & divide into two Family Groups
- **Baby-sitting**: for children under 12
SFP Typical Class Session

FAMILY STYLE MEAL

1 Hour Simultaneously + 1 Hour

TEEN GROUP
- Childcare

PARENT GROUP
- Transportation

2 FAMILY GROUPS

-
Staffing

- Site Coordinator
- 4 Group Leaders:
  - 2 for Parent Group,
  - 2 for Teen Group
- Optional 6-11 Group
- Childcare Provider
Top Qualifications for Leaders

- Sincere desire to help families learn SFP
- Interpersonal skills: one-to-one & group
- Understanding why and how SFP works
- Balance teams to include men & women, ethnicities
Site Coordinator: A Key Role

- **Course arrangements:**
  - Books, class materials, open-up, set-up
  - Meals
  - Transportation
  - Baby-sitting

- **Communication:** with families, Leaders

- **Recruitment:** coordinates recruitment

- **Supports, Supervises** Group Leaders
“Extras” -- that aren’t

- **Meals**: remove an obstacle and provide an incentive to attend
- **Transportation**: know what you can do to get families there
- **Baby-sitting**: for children under 12
- **Small rewards** for attending, home practice, progress
- **A BIG graduation, ceremony & party**
- **Evaluation**
- **Staff Training**
Sample SFP Budget -10 families

- **Site Coordinator**: (14 weeks x $30/hr x 10hrs/week) 4,200
- **Group Leaders**: (4 x 14 weeks x $20/hr x 5 hrs/week) 5,600
- **Food**: (14 sessions x 10 families x $10/family) 1,400
- **Child Care**: (14 wks x 2 staff x $15/hr x 3 hrs) 1,260
- **Transportation**: (Variable) 500
- **Supplies**: (paper products, toys) 150
- **In-session Incentives**: ($40 x 10 families) 400
- **Completion Incentives**: ($50 x 10 families) 500
- **Handbook Duplication**: (15 parents + 20 children x $8) 280
- **Manual Duplication**: (4 trainers x $30/set – one time) 120

**Total** $14,410

**Reunion Session**:
- **Group Leaders** (4 x $20/hr. x 4 hours) $320
- **Site Coordinator** ($30/hr. x 10 hours) 300
- **Food** (10 families x $10/family) 100
- **Child Care** (2 staff x $15/hr. x 3 hours) 90
- **Incentives, supplies** 190

**Total** $1,000
Lutra Group, SP

Sole Authorized Source for Training, Technical Assistance, Quality Assurance, Curriculum Materials, Evaluation and Research
SFP Group Leader Training

- 2-days
- All staff attend
- Invite contributing community partners
- Overview of SFP evidence-base
- Logistics and Implementation in Your Community
- Recommended SFP Best Practices, Evaluation and Fidelity
- Introduction of Three Curriculums through didactic, discussion and role play
Program Quality Assurance
Methods

- On-line Supervision
- Site Visits
- Advanced Training
- Effectiveness Assessment
Make the Program Fun!!!!!!
What you can do personally

- take good care of yourself, family, friends and colleagues
- advocate for system collaboration, become a change agent
- borrow what works
- define and monitor outcomes at four levels, the status quo is not good enough
- be bold, dare to imagine a community where people live better lives, where children are safe, healthy, happy and educated, where people achieve their aspirations
- offer hope
WEB RESOURCES

- Al-Anon and Alateen [www.al-anon.alateen.org](http://www.al-anon.alateen.org)
- Faces and Voices of Recovery [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)
- Federation of Families for Children’s Mental Health [www.ffcmh.org](http://www.ffcmh.org)
- Join Together [www.jointogether.org](http://www.jointogether.org)
- National Association for Children of Alcoholics (NACoA) [www.nacoa.org](http://www.nacoa.org)
- National Center on Substance Abuse and Child Welfare (NCSACW) [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)
WEB RESOURCES cont

- National Center on Addiction and Substance Abuse at Columbia (CASA) [www.casacolumbia.org](http://www.casacolumbia.org)
- National Clearinghouse for Alcohol and Drug Information (NCADI) [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Institute on Drug Abuse (NIDA) [www.nida.nih.gov](http://www.nida.nih.gov)
- Substance Abuse and Mental Health Services Administration (SAMHSA) [www.samhsa.gov](http://www.samhsa.gov)
Health and Social Impact of Growing Up with Alcohol Abuse and Related Adverse Childhood Experiences: The Human and Economic Costs of the Status Quo
By Robert Anda, MD, MS
[www.celebratingfamilies.net/pdf/RobertAnda_article.pdf](www.celebratingfamilies.net/pdf/RobertAnda_article.pdf)

The Set Up: Living with Addiction
What Happens to the Family When Addiction Becomes Part of It?
By Tian Dayton, PhD, TEP
[www.celebratingfamilies.net/pdf/TianDayton_article.pdf](www.celebratingfamilies.net/pdf/TianDayton_article.pdf)

Children of Alcoholics
By Stephanie Brown, PhD and Stephanie Abbott, MA
Family Therapy 2005
[www.celebratingfamilies.net/pdf/Abbott-Brown_article.pdf](www.celebratingfamilies.net/pdf/Abbott-Brown_article.pdf)
Additional Resources

NW ATTC Addiction Messenger
http://www.attcnetwork.org/ series
- Series 16 (2004) on Recovery,
- Series 17 (2005) on Family Treatment,
- Series 29 (2008) Family Participation in Addiction Treatment

SE ATTC and Florida Certification Board,
Engaging Family Members Into Adolescent Drug Treatment
Additional Resources

- Generational Patterns of Resistance and Recovery Among Families with Histories of Alcohol and Other Drug Problems: What We Need to Know (2008)
- Addiction recovery: Its definition and conceptual boundaries (2007)
- Adolescent Recovery (2007)

Writings of William White on the Faces and Voices of Recovery website
Additional Resources:

- **Strengthening Families Program**
  - [www.strengtheningfamiliesprogram.org](http://www.strengtheningfamiliesprogram.org)

- **LutraGroup:**
  - Phone: (801) 581-4601
  - Fax: (801) 581-5872

- **SFP Program Development & Research**
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