

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

What We Know and What We Are Learning

Children's Behavioral Health Conference

Norman, OK

May 2009

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

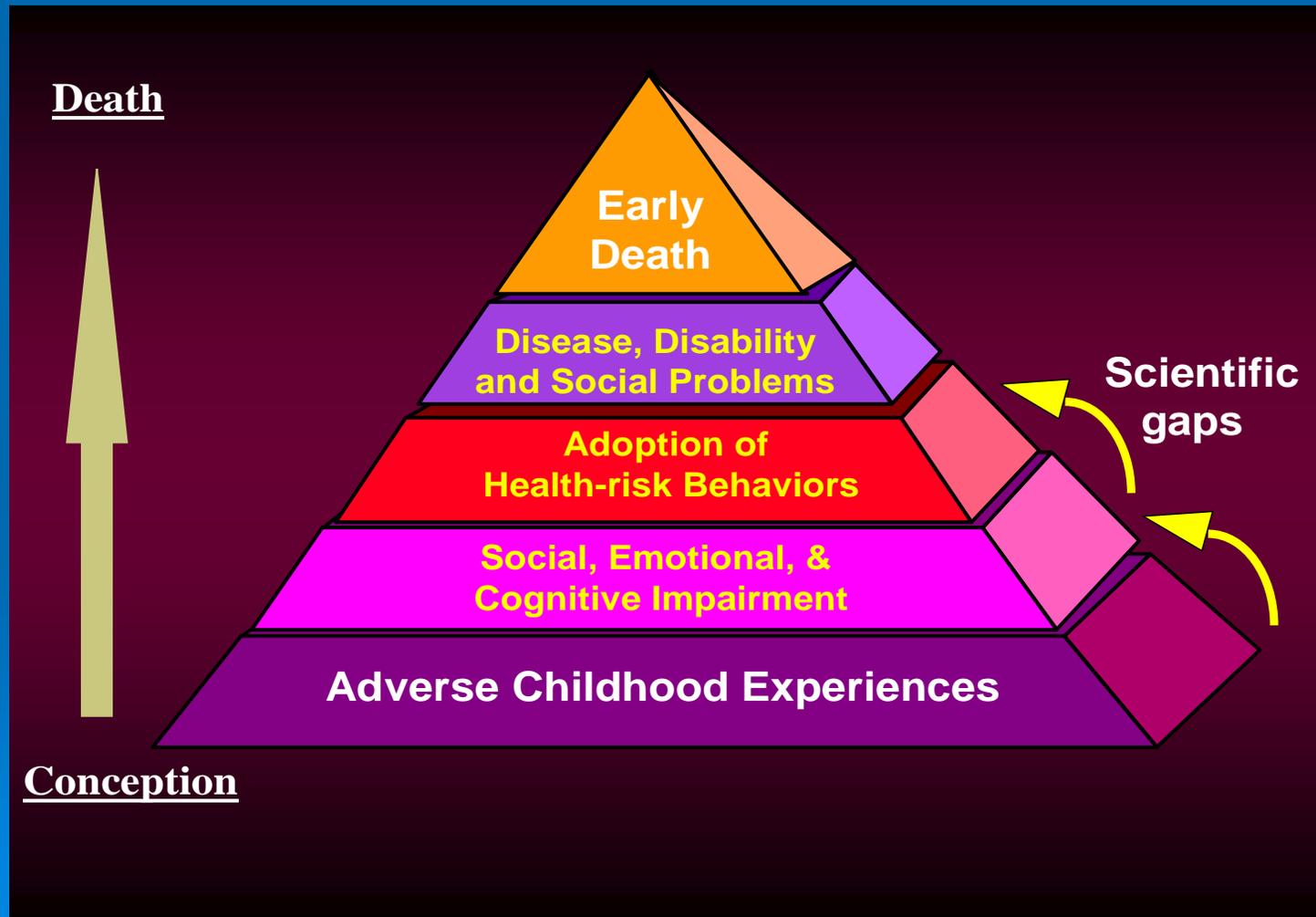
Impact (cont.)

- 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



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.
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Parenting As Prevention:

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



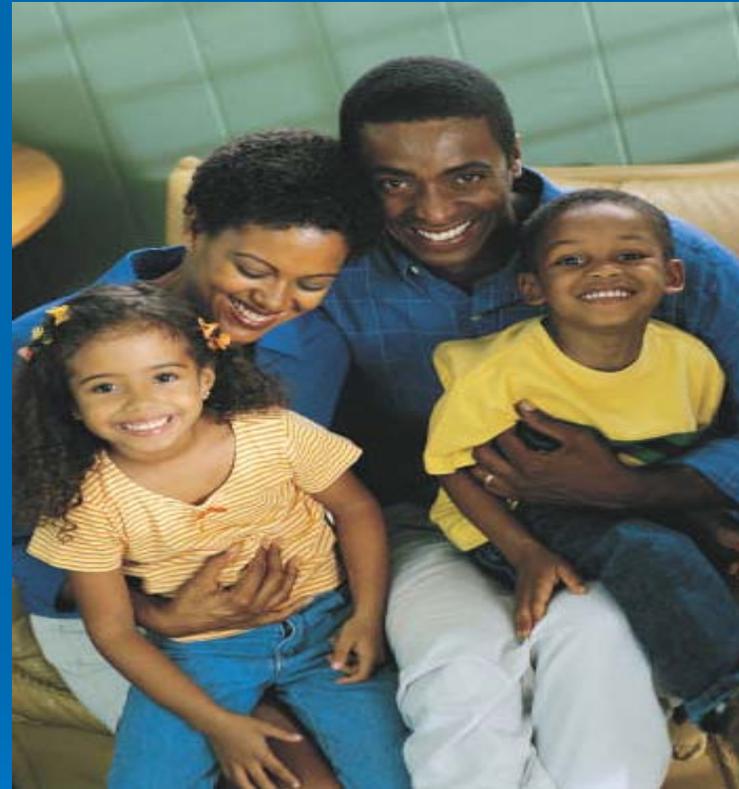
Parenting Is Prevention

- 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)
- Ary, et al. (1999) Models for Substance Abuse, Delinquency, Teen Pregnancy, and School Failure

Parent Protective Influence

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

(Monitoring the Future, 2001)

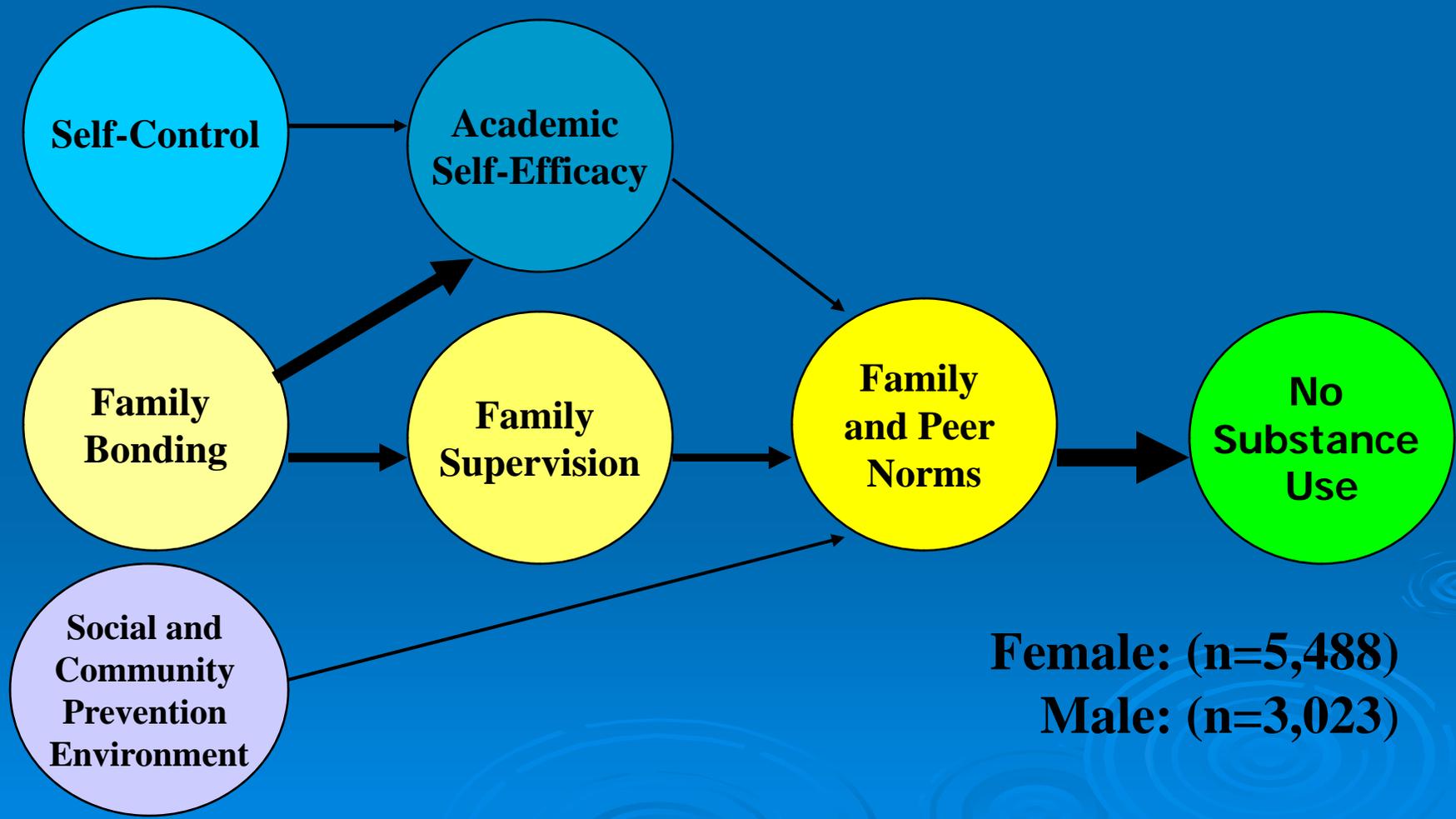




Critical Role of Effective Parenting

- 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



Female: (n=5,488)

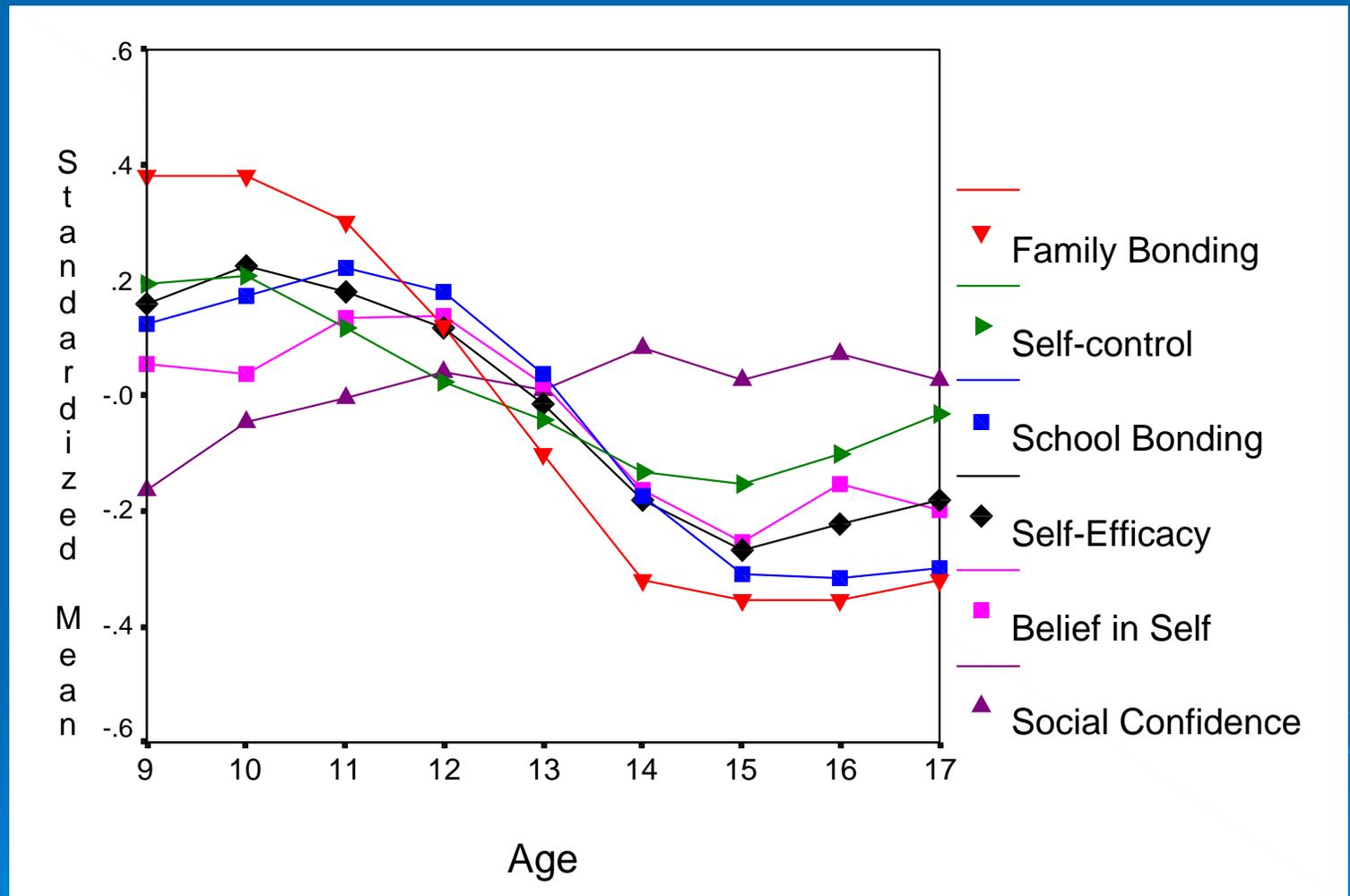
Male: (n=3,023)

Parents Influence Matters

More Protection



More Risk



INTERNAL RISK AND PROTECTION BY AGE IN THE BASELINE SAMPLE
(*n*= 9,875)

Effect Sizes for Family Approaches (Tobler & Kumpfer)

- Parenting Skills Training .31
- Family Therapy .45
- Family Skills Training .82
- In-home Family Support 1.62
- Mean ES Family Interventions .96

Effect Sizes for Prevention (Tobler, 1999)

- School-based Affective - .05
- Knowledge + Affective .05
- Health Education .18
- Life or Social Skills Training .28
- Average of Youth-only Approaches .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.
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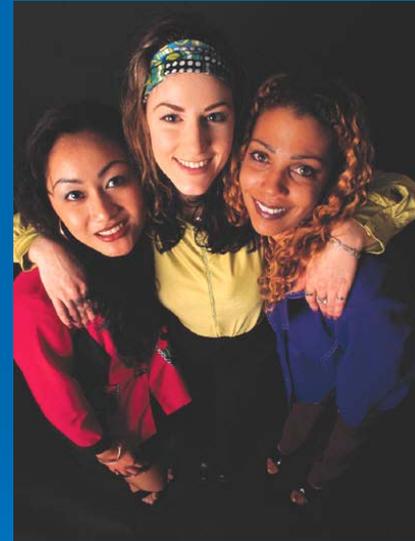
Factors building resiliency in Youth

- 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.

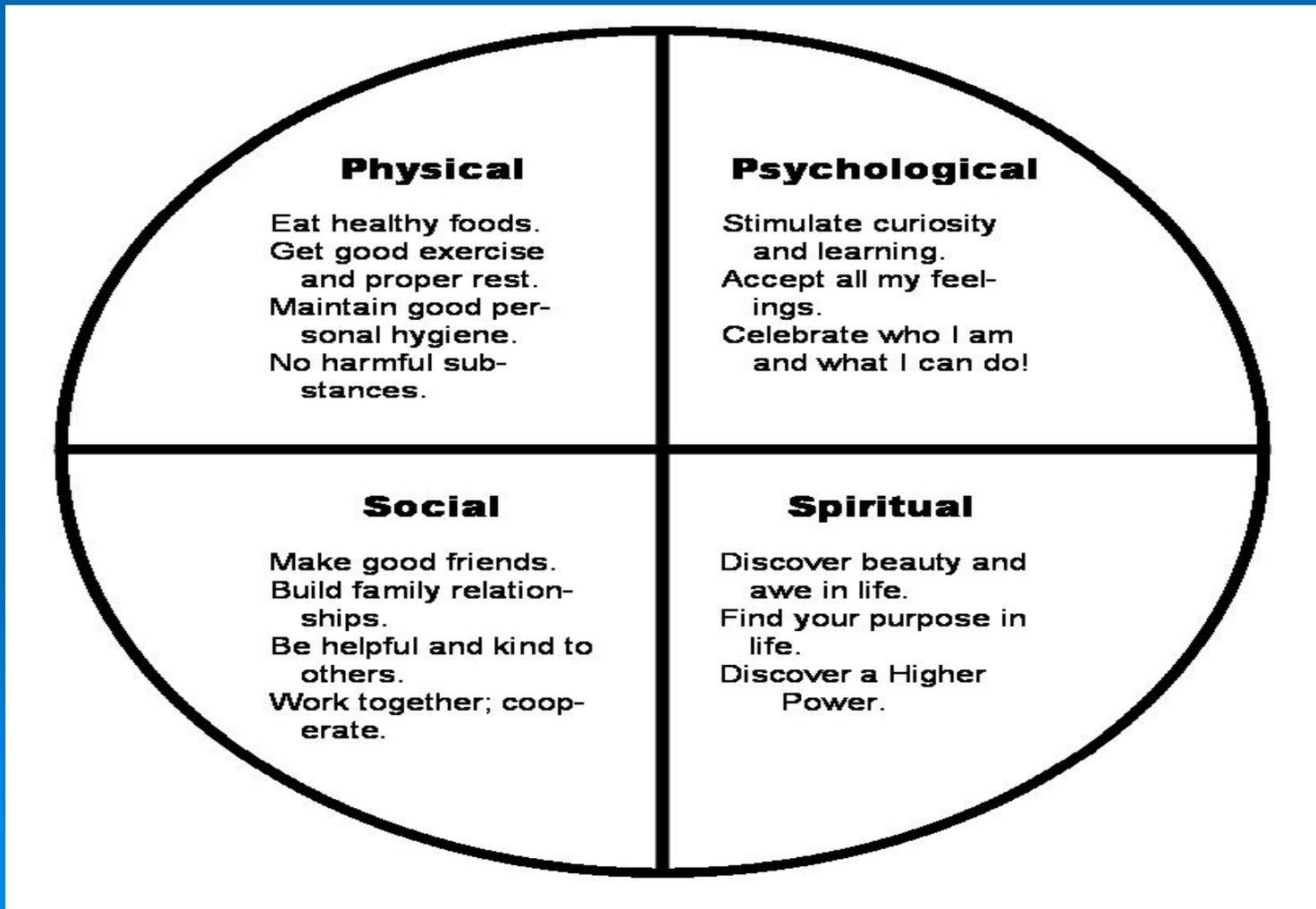
I can not CURE it.

I can not CONTROL it.

I can help take CARE of myself –

One day at a time

Four Aspects of Healthy Living



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

Group Agreements

Children's Sharing

Activity

Closing

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 Trials 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 Logistics and Mechanics





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

**TEEN
GROUP**

1 Hour Simultaneously

**PARENT
GROUP**

+
1 Hour

- Childcare

**2 FAMILY
GROUPS**

- Transportation

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
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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)	<u>120</u>
Total	\$14,410

Reunion Session:

Group Leaders (4x\$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	<u>190</u>
	\$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
- Faces and Voices of Recovery
www.facesandvoicesofrecovery.org
- Federation of Families for Children's Mental Health
www.ffcmh.org
- Join Together www.jointogether.org
- National Association for Children of Alcoholics (NACoA)
www.nacoa.org
- National Center on Substance Abuse and Child Welfare (NCSACW) www.ncsacw.samhsa.gov

WEB RESOURCES cont

- National Center on Addiction and Substance Abuse at Columbia (CASA) www.casacolumbia.org
- National Clearinghouse for Alcohol and Drug Information (NCADI) www.ncadi.samhsa.gov
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov
- National Institute on Drug Abuse (NIDA) www.nida.nih.org
- Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov

Additional Resources

- 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
- 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
- Children of Alcoholics
By Stephanie Brown, PhD and Stephanie Abbott, MA
Family Therapy 2005
www.celebratingfamilies.net/pdf/Abbott-Brown_article.pdf

Additional Resources 2

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 3

- 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
- **LutraGroup:**
Phone: (801) 581-4601
Fax: (801) 581-5872
- **SFP Program Development & Research**
karol.kumpfer@health.utah.edu
[strengthening families@health.utah.edu](mailto:strengtheningfamilies@health.utah.edu)
- **SFP Training:**
hwhiteside@lutrargroup.com
(801) 583-4601

Contact information

Steve Hornberger, MSW

National Association for Children of Alcoholics

11426 Rockville Pike, Suite 301

Rockville, MD 20852

301-468-0985

shornberger@nacoa.org

or

steve9603@comcast.net

Contact information

Jeanie Ahearn Greene, Ph.D., MSW

Ahearn Greene Associates

3624 Queen Mary Drive

Olney, Maryland 20832

(240) 460-3931

Fax: (240) 252-5551

Jgreene@ahearngreene.com