

# Evidence Based Family Treatment Services

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## AGENDA

- Welcome
- Why Family-Based Services
- Celebrating Families!*
- Strengthening Families Program
- Questions

## Why Family Involvement?

## Three Questions

- When the public hears a family has alcohol and/or drug problems, they usually believe...
- Working with a family in need of alcohol or drug treatment is challenging because...
- I have been successful working with family members that have alcohol and/or drug problems when I ...

## Why Are We Here Today?

1 in 10 Americans	1 in 8 veterans
1 in 5 families	1 in 2 homeless
1 in 7 workers	1 in 4 elderly
1 in 20 newborns	80% of those in jail
35% of ALL school children	60% of families in children and youth services

## Why Are We Here Today?

In 2005, federal, state and local government spending as a result of substance abuse and addiction was a least \$467.7 billion or 10.7 % of their combined \$4.4 trillion budget.

For each dollar of the \$467.7 billion spent, **95.6 cents** went to **shoveling up the wreckage** and only

- 1.9 cents on prevention and treatment,
- 0.4 cents on research,
- 1.4 cents on taxation or regulation and
- 0.7 cents on interdiction.

## 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.)

- 50% 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.

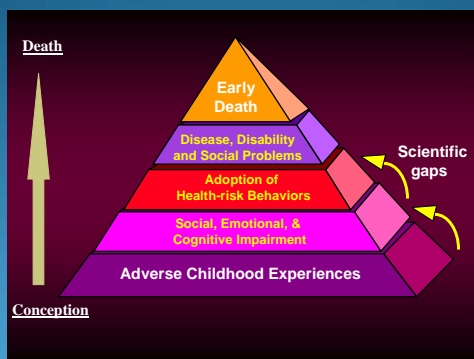
## The Gaps

- 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**).

## Adverse Childhood Experiences Study (ACES)

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

## ACES



## Major findings

- ACEs are common.
  - 2/3's reported at least one
  - More than 20% reported three or more
- Short- and long-term outcomes include a multitude of health and social problems
- As the number of ACEs increase, the risk of health problems increases in a strong and graded fashion

## Adverse Childhood Experiences

- **Abuse:** emotional, physical, sexual
- **Neglect:** emotional, physical
- **Household dysfunction:**
  - Mother treated violently, household substance abuse, household mental illness, parental separation or divorce, incarcerated household member.

## Children of Alcoholics

### Higher health care costs.

- 3x inpatient admission rate - substance abuse
- 2x for mental disorders
- 1.5x greater for injuries
- 32% greater for total health care costs
- 24% greater for admission to hospitals
- 29% longer hospital stays (on average)

Total in-patient hospital costs 36% higher

## COA/As

1. Alcoholism affects the entire family.
2. Alcoholism tends to run in families.
3. Alcohol is associated with a substantial proportion of human violence and child abuse cases.
4. COAs exhibit symptoms of depression and anxiety more than other children.
5. Children of alcoholics often have difficulties in school.

NACoA

## Why Family Involvement In Recovery?

## Why Is It Important?

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

## Family Involvement Works

### Treatments Involving Families Result In:

- Higher levels of abstinence (50 vs. 30%)
- Fewer drug related arrests (8 vs. 28 %)
- Fewer inpatient episodes (13 vs. 35%)

SCIENCE PRACTICE PERSPECTIVES, VOL. 2 NO 2 AUGUST 2004 NIDA

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## EFFECT SIZES FOR INTERVENTIONS

In-home Family Support	1.62
Family Interventions	.96
Family Skill Building	.82
Parenting Skills	.31
Life/Social Skills Training	.28
Knowledge Plus	.05
School-based	-.05



MORE EFFECTIVE

## Families Are Critical

- Social unit responsible for child rearing.
- Families are responsible for providing:
  - Physical necessities
  - Emotional support
  - Learning opportunities
  - Moral guidance
- Building self-esteem and resilience.

## Impact Of Parenting

“The ability of effective parenting to override genetic predispositions to risky behaviors demonstrates the capacity of family-centered prevention programs to benefit developing adolescents”.

Gene H Brody, Ph.D., Regents Professor And Director Of The Center For Family Research At University Of Georgia, 2009.

## Examples Of Successful Family Involvement

*Celebrating Families!*

[www.celebratingfamilies.net](http://www.celebratingfamilies.net)

Strengthening Families

[www.strengtheningfamiliesprogram.org](http://www.strengtheningfamiliesprogram.org)

Recovering Together Program

[www.americanhumane.org](http://www.americanhumane.org)

Family Group Decision Making

[www.americanhumane.org](http://www.americanhumane.org)

Nurturing Program

[www.nurturingparenting.com](http://www.nurturingparenting.com)

## Video From Bridges

Sacramento, Ca Site For  
*Celebrating Families!*

Prevention Partnership International 2011



*¡Celebrando Familias!*

## Celebrating Families!

*A 16 session evidence-based group for families in early recovery*



- Improves family life.
- Increases successful family reunification.
- Strengthens recovery.

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## History

2002: Judge Leonard Edwards (ret.) requested for Family Treatment Drug Court utilizing SAMHSA grant

- 60 parents and 125 children annually
- Meth - primary drug
- Domestic Violence & Mental Health
- Diverse Population
- Research based & trauma informed.
  - Includes : Attachment, Brain Chemistry, Risk & Protective Factors, Developmental Assets, Healthy Living Skills, Learning Differences, FASD, coa/a, teen pregnancy prevention

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## Current Sites

- Community Based Children's Mental Health Services
- Dept. Of Social Services - Child Abuse Prevention
- Dependency Courts, Drug Courts
- Treatment Centers
- Schools

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## *¡Celebrando Familias!*

### Piloted:

- MACSA-Gilroy Collaborative (CA)
- EMQ-FF Addiction Prevention Services At Dorsa Elementary School (CA)
- Latino Development Agency – Txt Facility (OK)
- El Bohio, Ngo-txt, School (Argentina)

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**Mission**  
To maximize participants' potential to be healthy, responsible and addiction free.

**Goal**  
To increase protective factors and decrease risk factors in participants' lives.

**Objectives**

1. To break the cycle of addiction in families.
2. To decrease participants' use of alcohol and other drugs by increasing healthy living skills.
3. To work with Family Treatment courts and other agencies to help them increase family reunification.

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## Groups

- **Closed** (flexible for treatment centers)
- **8-10 children per group; 15-20 adults** (parents, caregivers, grandparents)
- **Address: developmental assets, risk & protective factors, attachment**
- **Are: strength based, highly structured, multi-modal**

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## Typical Class Session

**Family Style Meal**

← 90 Minutes Simultaneously →

+ 30 Minutes

↓

**Connecting With My Family**

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## Session Components

**Family Dinner**

**Age Appropriate Groups**

- Opening: Centering, Agreements, Activity, Review (AK)
- Insights For Living: Teaching Content & Learning Activities
- Closing: Reflection (WOW)

**Connecting With My Family**

Prevention Partnership International 2011



## Topics

- All family members receive the same messages.
- All family members learn how to break the family rules.
- Focus on:
  - Addiction
  - Breaking cycle
  - Attachment based interventions
  - Applying recovery principles to parenting.

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## Curriculum

### Foundation Sessions

- Session 1 – Getting Started
- Session 2 – Healthy Living
- Session 3 – Nutrition
- Session 4 – Communication
- Session 5 – Feelings and Defenses
- Session 6 – Anger Management

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## Curriculum

### Core Sessions

- Session 7 – Facts about Alcohol, Tobacco & Other Drugs
- Session 8 – Chemical Dependency is a Disease
- Session 9 – Chemical Dependency Affects the Whole Family
- Session 10 – Goal Setting

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## Curriculum

### Safety

- Session 11 – Making Healthy Choices
- Session 12 – Healthy Boundaries
- Session 13 – Healthy Friendships Or Relationships

### Preparing For Graduation

- Session 14 - How We Learn
- Session 15 - Uniqueness
- Session 16 - Celebration!

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## Homework

- Acts of Kindness
- WOW Moments
- Children's Affirmations
- One-on-One Time with Kids
- Goal Setting



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## 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.

## Sample Lesson

### Session 8 : CD is a Disease

#### Preschool Group (4-5)

- Some families have problems with AOD
- Pepper
- The Hug and Truth Statements

#### Children's Group (8-10)

- Story about Pup
- CD is a disease
- Truth Statements

#### Adolescent Group (13-17)

- CD Stages Role Play
- Addiction and the Brain
- Truth Statements

#### Parent Group

- CD Stages Role Play
- Talking to your children about AOD
- Truth Statements

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## Sample Activity

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## Demonstration Of Disease

- Do you want to give me a hug?
  - If they say “yes”, have volunteer try.
- I want to give you a hug. But there is something in our way. What is it?
- We are all angry at this piece of cardboard – this disease – which keeps us from showing our love for each other.
- Take cardboard off. Give each other a hug.

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## Debrief

### With People In Role Play, Then Whole Group

- We are all angry at this disease (cardboard).
  - But the disease is not the person.
- Your mom/dad love you!
  - They may not be able to show you because the disease gets in the way.
- Chemical dependency is a disease.
  - You are not to blame for it.
  - There is nothing you can do to make it stop.

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## Parent Focus Groups



*“I now call my son twice a day. I used to think of calling him once a week.”*

*“This group is different – this is not another parenting class. This is a class on being a family.”*

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## “Celebrating Families! Works!”

Stephanie Brown, Ph.D.  
Director Of The Addictions Institute

## ” Significant Size And Positive Effect For All Child, Parent And Family Variables”

2008 Outcomes And Replication Study  
By Karol Kumpfer (Lutragroup)

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## Evaluation Findings

1. Time to reunification significantly decreased
2. Large effect on parenting
3. Effective with hispanic families *“indicating 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!”*

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## Evaluation Findings <sup>(2)</sup>

4. Participants learned and applied new skills with 9 of 10 parenting and family outcomes statistically significant.

- Parenting: involvement, skills, efficacy, supervision
- Family: organization, cohesion, conflict communication, strengths/resilience

(All evaluation studies on-line at [www.Celebratingfamilies.Net](http://www.Celebratingfamilies.Net))

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## *¡Celebrando Familias!*

- Consistent findings: significant positive impact on family organization, cohesion, communication, conflict solving, strengths and resilience; positive parenting, parent involvement and skills, and reduce aod use.
- Youth group leaders observed very significant positive changes with 96-99% confidence levels.
- **Unexpected finding** was that program is effective as a primary prevention program.

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[www.celebratingfamilies.net](http://www.celebratingfamilies.net)

[www.nacoa.org](http://www.nacoa.org) or 888-55-4COAS

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## Strengthening Families Program

Dr. Karol L. Kumpler  
Professor, Program Developer  
Dept. of Health Promotion and Education  
University of Utah

Dr. Henry O. Whiteside  
President, Lutra Group  
Training and Manual Sales



\*Note: Drs. Kumpler and Whiteside have a fiscal interest in SFPP because of their involvement with Lutra Group.

## National Longitudinal Adolescent Health Study Suggests Parents Matter (Resnick, et al., 1997)

### Listen as Well as Talk



## Critical Role of Families

- Effective parenting is the Anti-Drug
- Parenting is the important component in multi-component prevention programs
- A root cause of substance abuse is dysfunctional family relationships
- Parents teach values and habits, by their actions and by their words

## Parent Protective Influence

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



(Monitoring the Future, 2001)

## Why does working from a family-centered approach make more sense?

- Strong families, strong children
- Strong families avert many adverse outcomes: substance abuse, teen pregnancy, school failure, aggression and delinquency (Hops, et al., 2001)



## Biological and Genetic Risk Factors

(Kumpfer, 1987; Schuckit, et al. 1985; Tarter, 2000)

### Over-Stressed Youth Syndrome

- Difficult Temperament
- Hyperactivity, Rapid Tempo
- Autonomic Hyperactivity
- Rapid Brain Wave



Decreased Verbal IQ and Prefrontal  
Cognitive Dysfunction

Rapid Metabolism of Alcohol

Fetal Alcohol & Drug Syndrome

## Nurturing Parenting Prevents Phenotypic Expression of Inherited Genetic Risks

(Champagne & Meaney; 2008; Jirtle, 2010; Kumpfer, et.al., 2010;)

Epigenetic research demonstrates  
Nurturing Parenting prevents phenotypic  
expression of inherited diseases, such as:

- Over-stressed Youth Syndrome
- Obesity
- Cardiovascular Disease
- Cancer

Hence, effective positive parenting programs are  
critical to reducing social and health care  
costs long-term.

## Family-centered Intervention Outcomes Improve Over Time

- Whereas youth-only centered treatment or prevention have reduced outcomes in longitudinal studies; family programs have improved outcomes over time.
- Improving parenting skills reduce relapse and recidivism in drugs, crime, and child maltreatment.
- Parents are less stressed and depressed and relapse less frequently



## Family Interventions are Cost Effective



- Families Skills Training Programs average +\$9.44 saved per \$1.00 spent
- SFP has a \$11 x 3 family members or +\$33 saved (Miller & Hendrie, 2008)
- Juvenile Corrections approaches without family cost -\$5.40 more than benefit. (Aos, et al., 2004; Spoth, Guyll & Day, 2002, Kumpfer, in press)

## Evidence-based Family Interventions Designed for Parents with SUDs

(Kumpfer & Johnson, 2007)



**Only 4 parenting and family programs have been designed and tested specifically for substance abusing parents.**

- Strengthening Families Program (3-16 years)
- Focus on the Family
- Nurturing Program
- Celebrating Families



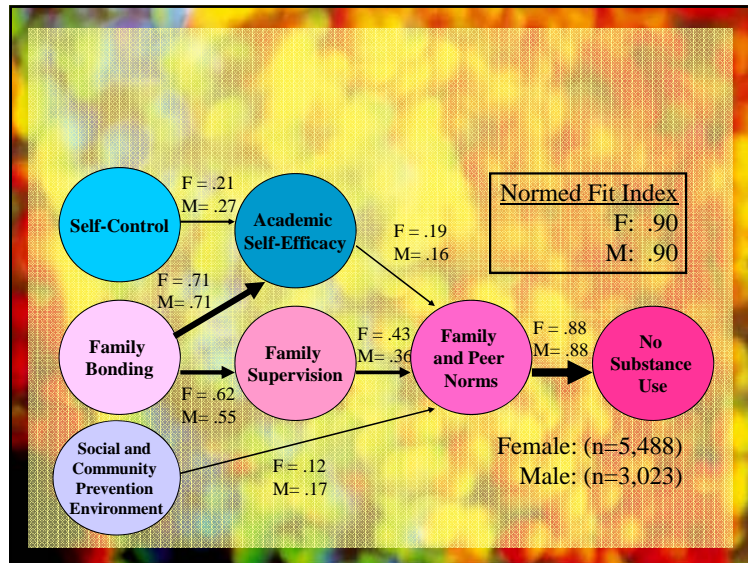
## SFP: Important Points

- SFP is three *skills* courses: Parenting, Teen'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.
- For SFP a "family" is one or more adults responsible for one or more children; a "parent" is an adult with that responsibility.

## SFP Has All Core Components Critical for Good Child Welfare Outcomes (CDC, Kaminski, et al. 2008)

- Behavioral Parent Training with experiential role plays and homework
- Emphasizes increasing respect, praise, positive time together
- Teaches effective discipline and stress and anger management
- Includes Positive Practice Time of Parents with Children





## SFP Builds Family Resiliency

- Stresses importance of one caring adult
- Increases opportunities to help others
- Increases social skills for home & away
- Increases self-discipline
- Improves communication of expectations in many areas, including drugs & alcohol
- Stresses parents should help teens with critical life decisions



## Development of SFP

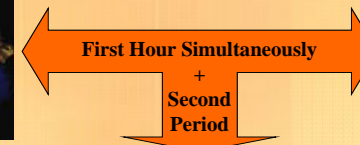
The first family-based program proven effective for substance abusing parents and their children  
 1982-1984 Developed on a NIDA grant for high-risk families with children ages 6-11  
 1994 Adapted for universal families, ages 10-14  
 2004 Adapted for at-risk families, ages 12-16  
 2006 Adapted for at-risk families, ages 3-5  
 2011 New Home and Group Use DVD SFP 10-16 (found effective in summer pilot study)  
 Proven effective with universal and at-risk families

## SFP Typical Session

### FAMILY STYLE MEAL



**CHILD/  
TEEN  
GROUP**  
2 Leaders



**PARENT  
GROUP**  
2 Leaders



**FAMILY  
GROUP or GROUPS**





## Staffing

- **Top Qualifications for Group Leaders:**
  - sincere desire to help families learn SFP
  - personal skills: one-to-one and in group
  - understanding why and how SFP works
- **4 Group Leaders:** 2 for Parent Group, 2 for Teen's Group = 4 for Family Group(s)
- **Balance Group Leader teams** to include men & women, ethnicities; consider use of both staff and hourly contracted group leaders for balance.

## Site: Safe, Welcoming, Accessible

- **3 rooms minimum:**
  - 1 large room for meals, baby-sitting
  - 2 smaller rooms for Parent's & Child's/Teen's groups and then Family groups
- **Agency site or community partner:** school, faith community, civic center
- **Size: Ideally 6-12 families.** But how big are the rooms? How big are the families? How challenging are families? How skilled are your leaders?



## 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
- **On-site support** for Group Leaders

## Sample SFP Budget -10 families

• <b>Site Coordinator:</b> (14 weeks x \$30/hr x 10hrs/week)	\$4,200
• <b>Group Leaders:</b> (4 x 14 weeks x \$20/hr x 5 hrs/week)	5,600
• <b>Food:</b> (14 sessions x 10 families x \$10/family)	1,400
• <b>Child Care:</b> (14 wks x 2 staff x \$15/hr x 3 hrs)	1,260
• <b>Supplies:</b> (paper products, toys)	440
• <b>Completion Incentives:</b> (\$50 x 10 families)	500
• <b>Handbook Duplication:</b> (15 parents + 20 children x \$8)	280
• <b>Manual Duplication:</b> (4 trainers x \$30/set – one time)	120
<b>Total</b>	<b>\$13,800</b>
<b>Reunion Session:</b>	
• <b>Group Leaders</b> (4x\$20/hr. x 4 hours)	\$ 320
• <b>Site Coordinator</b> (\$30/hr. x 10 hours)	300
• <b>Food</b> (10 families x \$10/family)	100
• <b>Child Care</b> (2 staff x \$15/hr. x 3 hours)	90
• <b>Incentives, supplies</b>	190
	<b>\$1,000</b>

## SFP: Outcomes

## Strengthening Families Program

- NIDA (1982-1986) research and 15 SFP replications of SFP6-11 found:



**Improved parenting knowledge & skills**  
**Improved family relationships**  
**Improved children's social skills & behavior**  
**Reduced ATOD use**

## SFP Results: Parent

- Increased parenting involvement
- Increased positive parenting style
- Increased parenting efficacy
- Increased parenting skills
- Increased marital communication
  
- Decreased stress
- Decreased depression
- Decreased alcohol & drug use

## SFP Family Results

- Decreased family conflict
- Increased family bonding
- Increase positive communication
- Increased family organization—family meetings, chores done
- Improved parent/child relationship
- Increased family strengths and resilience



## SFP Results: Child

- Decreased depression
- Decreased conduct disorders
- Decreased aggression
- Decreased tobacco, alcohol, drug use
- Increased cooperation
- Increased number of pro-social friends
- Increased social competencies
- Increased school grades



## Outcomes Larger in Local Agencies than RCTs: Very Positive Child Outcomes (Kumpfer, Whiteside, Greene, & Cofrin, 2011)

Effect Sizes (d') large for Child Decreases in :

- **Covert Aggression**  
(p.<.000, Effect Size = 1.56)
- **Overt Aggression**  
(p.<.045, ES=.59)
- **Shyness**  
(p. <.000, ES=1.55)
- **Depression**  
(p. <.000, ES=1.17)
- **Social Skills**  
(p. <.01, ES=.35)



## SFP: An Evidence-based Practice

- NIDA Red Book
- OJJDP Strengthening America's Families
- CSAP Model Program
- CMHS Model Program
- ONDCP Model Program
- International Cochrane Collaboration: found SFP twice as effective as any alcohol prevention program (Foxcroft, et al., 2003)



## SFP: Outcomes

- 8 Randomized Control Trials with independent researchers replicated the excellent results of the first NIDA RCT in Salt Lake County with SUD parents
- Cochrane Collaboration Reviews at Oxford University found SFP to be twice as effective alcohol prevention as any other program (Foxcroft, et al., 2003). CSAP (2008) published 18% of kids prevented from alcohol and 15% from marijuana use,
- Listed as an evidence-based program by OJJDP, SAMHSA NREPP, BluePrints, White House, ONDCP, Dept of Education, etc.
- SFP is currently being tested for child abuse prevention in Kansas, Maine, New Jersey, Oklahoma, North Carolina, and California for child abuse prevention in drug abusing parents.

## SFP Family Reunification Program: Kansas Results

(Kumpfer, et al., 2010)

- Year 4 results found 300% reduction in days to reunification
- 100% or 10 of 10 parenting and family outcomes effect sizes for:
  - Positive parenting (d=.43)
  - Parental involvement (d=.36)
  - Parenting efficacy (d=.36)
  - Parental supervision (d=.32)
  - Parenting skills (d = .37)
  - Family resilience (d = .48)
  - Family organization (d =.51)
  - Family communication (d =.52)
  - Family cohesion (d=.30)
  - Family conflict (d=.35)

## SFP 5-Year Follow-up Results

(Harrison & Proschauer, 1998)

- 97% More quality spent time with child
- 95% More appropriate consequences
- 94% Increased enjoyment of the child
- 84% Better problem solving with child
- 75% Reduced family stress & conflict
- 68% Holding family meetings monthly
- 37% Holding a family meeting weekly

## Iowa SFP (10-14) Prevention Program

- Ten year follow-up found major reductions in life-time diagnosed mental disorders
  - 300% reduction in depression
  - 280% reduction in social anxiety
  - 260% reduction in phobias
  - 220% reduction in anti-social personality
  - Not a single young adult (up to 23 years of age) had used meth compared to 3.2% in the control schools

## European SFP Replication Studies: Same Excellent Outcomes

- SFP Sweden 6-11 and 10-14 Years- Karolinski Institute
- SFP Netherlands 13-17 Year-Trimbos Institute
- SFP Spanish 13-17 Years- Univ of Balearic Islands
- SFP Britain 10-14 Years-Oxford University
- SFP in 22 Countries now including Australia, Ireland, Thailand, Iran, Slovenia, France, Canada, South America



## How to Contact Us

### Strengthening Families Program

[karol.kumpfer@health.utah.edu](mailto:karol.kumpfer@health.utah.edu)

801.582.1652, 801.581.8498, Fax 801.583.7979

[www.strengtheningfamiliesprogram.org](http://www.strengtheningfamiliesprogram.org)

[www.strengtheningfamilies.org](http://www.strengtheningfamilies.org)

(34 Best Practices Parenting Programs)

### SFP Training by LutraGroup SP

[hwriteside@lutragroup.com](mailto:hwriteside@lutragroup.com)

801.583.4601

# THANK YOU!

Questions?

Comments?

Conversation

## Why Recovery?

## SAMHSA/CSAT Recovery Principles

- There are many pathways to recovery
- Recovery is a personal choice
- Recovery must involve a personal recognition of the need to change
- Recovery is holistic (mind, body, spirit)
- Recovery exists on a continuum of improved health and functioning
- Recovery must include hope, wishes, dreams and a life of gratitude
- Recovery is empowerment
- Recovery is a process of retrieval and rebuilding
- Recovery involves transcending the stigma of addiction
- Recovery is reintegration into the community
- Recovery is a reality

## What does the science say

Millions of Americans today receive health care for mental health or substance use problems and illnesses. These conditions combined are the leading cause of disability and death among women and the second highest among men. **Institute of Medicine, 2006**

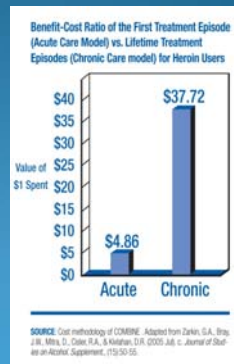
Treatment is effective: When given a continuum of care, relapse rates for the treatment of alcohol, opioids, and cocaine are less than those for hypertension and asthma and are equivalent to those of diabetes (all of which are also chronic illnesses). Compliance to addiction treatment is greater than compliance rates for treatment of hypertension and asthma. **O'Brien and McLellan, 1996**

## What does science say <sup>2</sup>

- Treatment is Effective and Sustainable
- Addictions treatment has resulted in:
  - 67% reduction in weekly cocaine use,
  - 65% reduction in weekly heroin use,
  - 52% decrease in heavy alcohol use,
  - 61% reduction in illegal activity, and
  - 46% decrease in suicidal ideation one year post treatment.
- These outcomes are generally stable for the same clients five years post treatment.

## Continuing Care is Cost Effective

A recent study of a lifetime simulation model (multiple episodes of treatment over a lifetime) shows that for every \$1 spent on treatment (chronic care provided in a continuum of care) society accrues \$37.72 in benefits. **Zarkin et al., 2005**



## 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

## What We Can Do Together

- Raise awareness
- Find allies
- Take action to end:
  - Silence
  - Stigma
  - Disparities
- Promote the many roads to recovery

## 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.org](http://www.nida.nih.org)
- Substance Abuse and Mental Health Services Administration (SAMHSA) [www.samhsa.gov](http://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](http://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](http://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](http://www.celebratingfamilies.net/pdf/Abbott-Brown_article.pdf)

## ADDITIONAL RESOURCES 2

- 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 web at  
[www.williamwhitepapers.com](http://www.williamwhitepapers.com)

## *Family-Focused Prevention of Substance Abuse*

*Karol L. Kumpfer, Ph.D.  
Director, CSAP*



Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention



## *Introduction*

- ✓ Strengthening the ability of families to raise successful, non-violent and non drug-using children is a critical social goal.
- ✓ Failure to deal with this issue will result in a lower quality of life and make the United States less competitive in the 21st Century.



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## *Critical Role of Families*

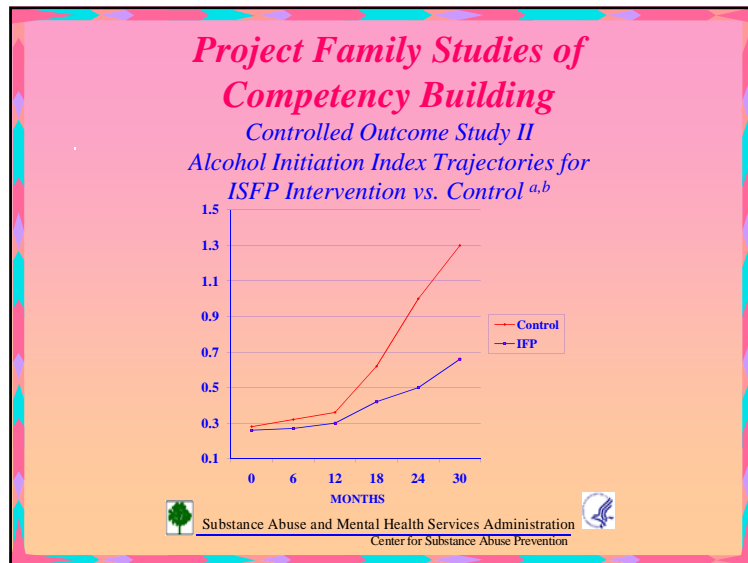
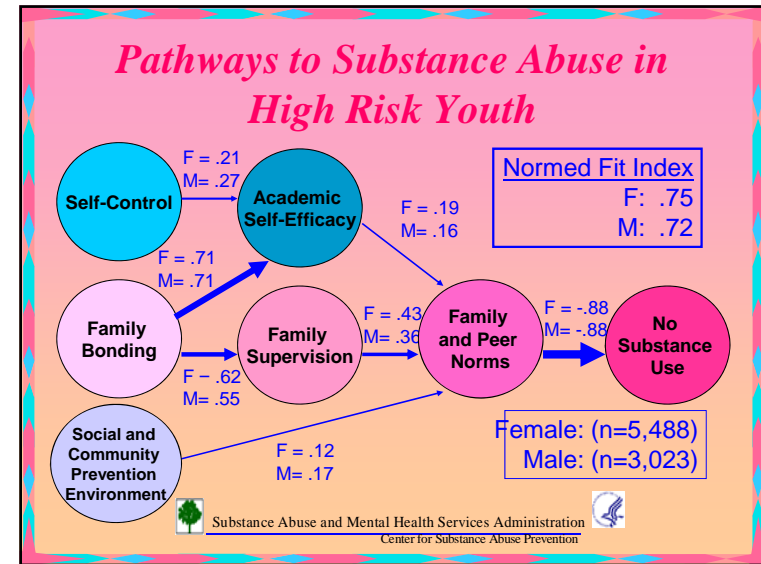
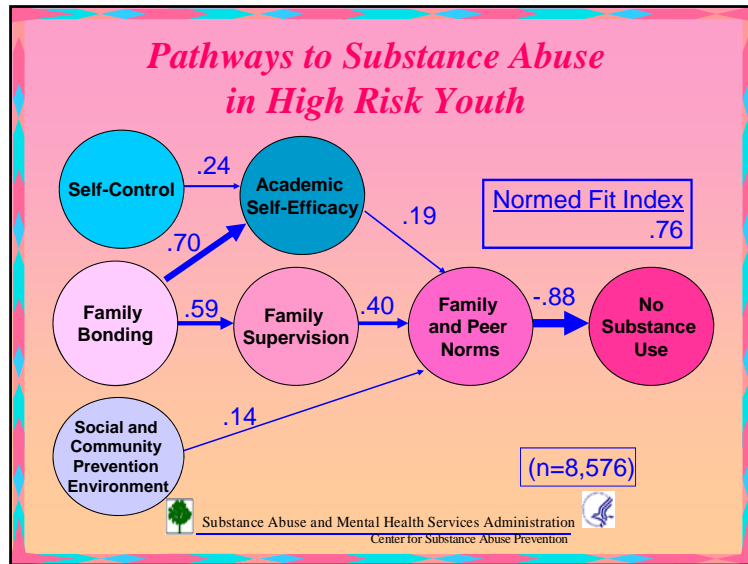
- ✓ The family is the social unit primarily responsible for child rearing functions.
- ✓ When families fail to fulfill this responsibility, the entire society suffers.
- ✓ Families are responsible for providing:
  - physical necessities,
  - emotional support,
  - learning opportunities,
  - moral guidance, and
  - building self-esteem and resilience.



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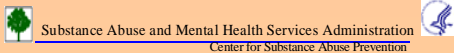


- ### CSAP Family PEPS (1998)
- Effective Family Intervention Strategies
1. Parent Training
  2. Family Skills Training
  3. Family In-Home Support
  4. Family Therapy
- Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention

## Strengthening America's Families Exemplary Family Programs

### Parent Training

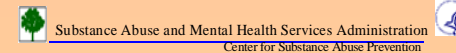
- ✓ Helping the Noncompliant Child (3-7 Years; Parent Training)  
*Robert McMahon, Ph.D., Seattle, WA*
- ✓ Parents and Children's Series (3-8 Years; Comprehensive)  
*Carolyn Webster-Stratton, Ph.D., Seattle, WA*
- ✓ Raising a Thinking Child: I Can Problem Solve Program for Families (4-7; Parent Training)  
*Myrna Shure, Ph.D., Philadelphia, PA*
- ✓ Treatment Foster Care (12-18 Years; Parent Training)  
*Patricia Chamberlain, Ph.D., Eugene, OR*



## Exemplary Family Programs

### Family Skills Training

- ✓ Strengthening Families Program (6-10 Years: Family Skills Training)  
*Karol Kumpfer, Ph.D., SLC, UT*
- ✓ Iowa Strengthening Families Program with Pre- & Early Teens (10-14; Family Skills)  
*Richard Spoth, Ph.D., Ames, IA*
- ✓ Preparing for the Drug Free Years (8-14 Years; Parent & Child Training)  
*David Hawkins, Ph.D., Seattle, WA*



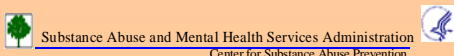
## Exemplary Family Programs

### Family In-Home Support

- ✓ Prenatal & Early Childhood Nurse Home Visitation (0-5; Family In-Home Support)  
*David Olds, Ph.D., Denver, CO*

### Family Therapy

- ✓ Structural Family Therapy (0-18 Years; Family Therapy)  
*Jose Szapocznik, Ph.D., Miami, FL*
- ✓ Functional Family Therapy (6-18 years; Family Therapy)  
*James T. Alexander, Ph.D., SLC, UT*
- ✓ Multisystemic Therapy Program (10-18 Years; Comprehensive)  
*Scott W. Henggeler, Ph.D., Charleston, SC*



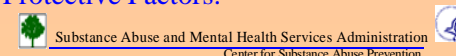
## Principles of Effective Family-Focused Programs

### 1. There Is No One Best Family-Focused Program

#### ✓ Select Programs Based On:

- Ages of Child
- Cultural Appropriateness
- General Level of Family Needs (Universal Low Risk Families)

#### ✓ Specific Family Needs. Different Types of Family Interventions Are Used to Modify Different Risk and Protective Factors.



## *Principles of Effective Family-Focused Programs*

1. There Is No One Best Family-Focused Program (continued)
  - ✓ Behavioral Parent Training Programs, If Sufficient Dosage (45 Hours for High-risk Families) Are Generally Effective in Reducing Children's Conduct Disorder (Kumpfer, 1996).
  - ✓ Family Therapy and Family Skills Training Programs are Generally Most Effective in Improving Family Communications, Family Control Imbalances, and Family.

## *Principles of Effective Family-Focused Programs*

2. Effective Interventions Must be Developmentally Tailored
  - ✓ Early Childhood (Birth to 3 Years)
    - ⊙ In-home Parent Support Cognitive/Language Development Exercises (Yoshikawa, 1995).
    - ⊙ Nurse Home Visitor (Olds & Pettit, 1996).
  - ✓ Childhood (3-12 Years)
    - ⊙ Behavioral Parent Training, Family Skills Training, Behavioral Family Therapy (CSAP, 1998).
  - ✓ Early and Late Adolescence
    - ⊙ Family Therapy, Family Skills Training (Kumpfer & Alvarado, 1996)

## *Principles of Effective Family-Focused Programs*

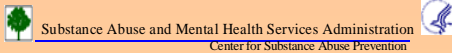
3. Family Programs are Most Enduring In Effectiveness If They Produce Changes In the Ongoing Family Dynamics and Environment
  - ✓ Family Meetings Increase Longevity (Catalano, 1996; Kumpfer, 1996).
  - ✓ Improving Parenting Skills More Effective than Short-term Interventions (McMahon, 1996).
  - ✓ Sufficient Dosage Needed (at least 45 hours with high-risk families) (Patterson, 1989).
  - ✓ In-home Family Support or Parent Support Programs Improve Social Support (Yoshikawa, 1995).

## *Principles of Effective Family-Focused Programs*

3. Enduring (continued)
  - ✓ In-home or Office-based Case Management Family Services Are Effective in Increasing the Family's Access to Needed Services.
  - ✓ Parent Education Programs Improve Parent's Knowledge, But Do Not Necessarily Change Behavior.
  - ✓ Children's Social Skills Training Improves Children's Prosocial Skills (Kumpfer, Williams, & Baxley, NIDA, 1997).

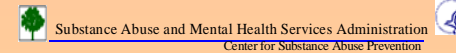
## *Principles of Effective Family-Focused Programs*

4. Components of Effective Parent and Family Programs Include Addressing Family Relations, Communication, and Parental Monitoring
- Final Pathway to Drug Use is Peer Influence, But Family Precursors Are Strongest Protective Factor (Ary, Duncan, Duncan, & Hops, in press; Brooks, et al., 1995)
  - Start First with the Parent/Child Relationship and Then Communications and Parent Monitoring and Discipline (Kumpfer, NIDA, in press)
  - Behavioral Parent Training Programs Include Practice and Role Plays of Parenting Skills and Homework Assignments.



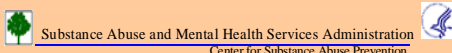
## *Principles of Effective Family-Focused Programs*

5. High Rates of Recruitment and Retention Are Possible With Families
- An 80% to 85% Retention Rate is Possible If:
    - Incentives
    - A Nonthreatening Environment
    - Sensitive, Trained and Caring Professional Staff (Kumpfer, 1992).
  - Recruitment Rates Vary By:
    - Type of Program
    - Incentives
    - Types of Clients Targeted
    - Time of Day Offered (Spath and Redmond, 1995).



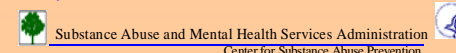
## *Principles of Effective Family-Focused Programs*

5. High Rates of Recruitment and Retention Are Possible With Families (continued)
- Length of the Program is Not Generally an Issue After 3-4 Sessions.
  - An Ongoing Parent Support Group and Booster Sessions Can Help Address This Need For Continuation.



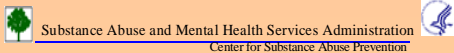
## *Principles of Effective Family-Focused Programs*

6. Videos of Families Demonstrating Good and Bad Parenting Skills Helps with Program Effectiveness and Client Satisfaction
- Clients Like Racially Matched Videos Including Local Issues.
  - Having the Children Watch the Parenting Videos or the Parents Watch the Children's Videos, Improves Generalization.
  - Computer Interactive Videos, Including Self Pacing, Self-testing, and Selection of Major Content Areas Based on Needs, May Be Even More Effective (Gordon, 1996).



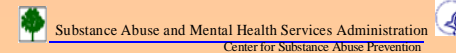
## *Principles of Effective Family-Focused Programs*

7. Professional Staff With Parenting Experience Are Best
  - ✓ Parent Trainers With Backgrounds in the Type of Program Being Implemented Are Best.
  - ✓ Staff Who Share the Same General Philosophy and Background are Most Effective.
  - ✓ Personal, Caring, Empathetic and Experienced Staff Are Rated the Highest, Retain Families Better, and Produce Better Results.



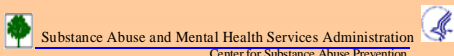
## *Principles of Effective Family-Focused Interventions*

1. Comprehensive Interventions are More Effective in Modifying a Broader Range of Risk or Protective Factors and Processes in Children.
2. Family-Focused Programs are More Effective than Child-Focused or Parent-Focused Only.
3. Sufficient Dosage or Intensity is Critical for Effectiveness.
4. Family Programs Should be Long-Term and Enduring.
5. Tailoring the Parent or Family Intervention to the Cultural Traditions of the Families involved Improves Recruitment, Retention, and Outcome Effectiveness.



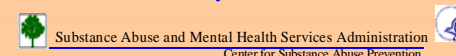
## *Principles of Effective Family-Focused Interventions*

6. Addressing Developmentally Appropriate Risk and Protective Factors or Processes at Specific Times of Family Need when Participants are Receptive to Change is Important.
7. Family Programs are Most Enduring in Effectiveness if They Produce Changes in the Ongoing Family Dynamics and Environment.
8. If Parents are Very Dysfunctional, Interventions Beginning Early in the Lifecycle (i.e., Prenatal or Early Childhood) are More Effective.



## *Principles of Effective Family-Focused Interventions*

9. Components of Effective Parent and Family Programs include Addressing Strategies for Improving Family Relations, Communication, and Parental Monitoring.
10. High Rates of Recruitment and Retention are Possible with Families.
11. Videos of Families Demonstrating Good and Bad Parenting Skills Helps with Program Effectiveness and Client Satisfaction.
12. The Effectiveness of the Program is Highly Tied to the Trainer's Personal Efficacy and Characteristics.





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