



# Evidence-Based Practice for Adolescent Substance Abuse: Addendum on Family-Based Programs

**DECEMBER 2009**



Published by the UNCG Center for Youth, Family and Community Partnerships in collaboration with the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services with financial support from the Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), US Department of Health and Human Services (grant number 6 J79 T117387-02-2). Reproduction of the text is encouraged; however, copies may not be sold. NC DHHS DMH/DD/SAS, Community Policy Management, Substance Abuse Services, 3005 Mail Service Center, Raleigh, NC 27699-3005; 919-733-4670; 919-733-4556 (fax)



# EVIDENCE-BASED PRACTICE FOR ADOLESCENT SUBSTANCE ABUSE: SUMMARY SHEETS

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# Introduction

## Family-Focused Prevention Approaches

This document also contains descriptions of several family-based approaches. Studies have found that family-based approaches lead to better successes in treatment through less drug dependence and less recidivism.<sup>1,2</sup> Family-focused prevention and intervention programs aim to change the family system instead of focusing solely on the adolescent.<sup>1</sup> Oftentimes, there is a strong interplay in which the organization and structure of the family unit contributes to the adolescent's substance abuse and vice versa.<sup>1</sup> Because of these family dynamics, it is important to intervene at the family level.

There are several benefits to involving families in prevention and treatment programming. Benefits can include an increase in treatment engagement, the development of realistic expectations for treatment and recovery in families, and an increased understanding of the process of addiction for family members.<sup>3</sup> Research suggests that the use of family-based treatments is related to better outcomes for families when compared to typical group or individual therapies.<sup>4</sup> However, there are challenges to involving families in prevention and treatment which include inconsistencies in service delivery on the part of agencies, communication issues, and logistical issues mainly concerning the difficulties of scheduling appointments with multiple family members and/or agency staff.<sup>3</sup>

The developers of the family-focused prevention approaches in the latter half of this primer typically provide licenses and services to agencies rather than individuals. When an agency is given a license for a particular program, this signifies that the developers of the program have trained the agency and are giving that agency the permission to use the program. Therefore, the required training and education varies depending on the requirements of the agency rather than the requirements of the program developer. This means that paraprofessionals may be involved in implementing the programs in some capacity. Some of the family-focused approaches require a team of personnel, including counselors, community support workers, school nurses, and other such positions. This team approach allows for a range of paraprofessionals and qualified professionals to work in tandem to implement different programs. Providers who are interested in using any of the approaches included in this packet should visit the websites indicated at the bottom of each sheet in the "Additional Resource (s)" section. Although there are many family level prevention programs, these were chosen because they were included in at least two of the evidence-based practice databases that we are using (SAMHSA, Oregon, OJJDP, Finding Youth Info, or Washington). *See the Intro section for more information about evidence-based practice databases.*

## REFERENCES

1. Lewis, R. A., Piercy, F. P., Sprenkle, D. H., & Trepper, T. S. (1990). Family-based interventions for helping drug-abusing adolescents. *Journal of Adolescent Research*, 5, 82-95. doi: 10.1177/074355489051008
2. Rowe, C. L., & Liddle, H. A. (2006). Family-based treatment development for adolescent alcohol abuse. *International Journal of Adolescent Medicine and Health*, 18, 43-51. Retrieved from [http://www.freundpublishing.com/International\\_Journal\\_Adolescent\\_Medicine\\_Health/adolprev.htm](http://www.freundpublishing.com/International_Journal_Adolescent_Medicine_Health/adolprev.htm)
3. Smith, S. L., Hornberger, S., Brewington-Carr, S., Finck, C., O'Neill, C., Cavanaugh, D., & Bender, C. (2008). *Family involvement in adolescent substance abuse treatment*. Retrieved from <http://www.tapartnership.org/docs/socCatalogue/SACFamInvolIssueBrief.pdf>.
4. Hogue, A., & Liddle, H. A. (2009). Family-based treatment for adolescent substance abuse: Controlled trials and new horizons in services research. *Journal of Family Therapy*, 31, 126-154. doi: 10.1111/j.1467-6427.2009.00459.x

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## Celebrating Families!™ (CF)

### **Description: Prevention Program**

Celebrating Families!™ (CF!) was developed for use with families where caregivers are suffering from drug and alcohol addiction and are in early recovery. It is a home-based, skill-building program that uses a support group format with a CBT basis (see Intro Section). This approach aims to strengthen recovery and break the cycle of drug abuse in families, increase healthy family living skills and improve the health and well being of all family members. The overall goals of this approach are as follows:

To decrease the use of alcohol and other drugs and reduce relapse by increasing participant's knowledge of the impact of drug abuse on children, individuals, and families by:

- Breaking the rules of families with addiction: don't talk, don't feel and don't trust
- Developing family specific recovery plans
- Decreasing risk factors and increasing protective factors for adults and children
- Exploring recovery strategies and resources

To teach healthy living skills in order to break the cycle of violence and drug abuse through the teaching of:

- Communication skills
- Appropriate expression of feelings
- Anger management skills
- Coping skills
- Problem solving and decision making skills

To positively influence family reunification by teaching healthy parenting skills by:

- Providing a safe place for communication and exploration
- Facilitating trust and bonding
- Helping participants develop self-awareness and self-worth
- Educating families about the disease of chemical dependency and the hope of recovery

### **Treatment Logistics:**

**Appropriate Age Range:** 3-years-old and up

**Participants:** Treatment is for the entire family unit, 6 to 15 families are served at one time in a group setting

**# of Sessions:** 16 sessions over 16 weeks

Each session begins with a family meal after which family members break up into different age groups for activities that are developmentally appropriate. These activities are led by the group facilitators. After the activities, the family comes together to practice applying the skills and interact in healthy ways. The sessions are as follows (topics for 3-to-7-year-olds vary):

- |   |  |  |
|---|--|--|
| <b>1:</b> Orientation and Getting Started | <b>7:</b> Facts About Alcohol, Tobacco and Other Drugs | <b>11:</b> Making Healthy Choices              |
| <b>2:</b> Healthy Living                  | <b>8:</b> Chemical Dependency is a Disease             | <b>12:</b> Healthy Boundaries                  |
| <b>3:</b> Nutrition                       | <b>9:</b> Chemical Dependency Affects the Whole Family | <b>13:</b> Healthy Friendships & Relationships |
| <b>4:</b> Communication                   | <b>10:</b> Goal Setting                                | <b>14:</b> How We Learn                        |
| <b>5:</b> Feelings and Defenses           |  | <b>15:</b> Our Uniqueness                      |
| <b>6:</b> Anger Management                |  | <b>16:</b> Celebration!                        |

### **Evidence-Base:**

Refer to Appendix B for a matrix that lists the organizations that have approved CF! as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online. An evaluation study has found:

- Positive improvements in family cohesion, communication, strengths and resilience, and organization
- Positive improvements in parent involvement, supervision, efficacy, and positive parenting style
- Decrease in self-reported parental substance use and a slight reduction in family conflict
- Children showed increased healthy living skills, concentration and reduced loneliness, conduct problems, aggression, hyperactivity, and depression.

**Reference to Treatment Manual:** National Association for Children of Alcoholics (NACoA). (2007). *Celebrating Families! group leader/facilitator guide: Volumes 1-5*. Rockville, MD: Author.

**Additional References:** <http://www.celebratingfamilies.net>



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# Creating Lasting Family Connections (CLFC)

## **Description: Prevention Program**

Creating Lasting Family Connections (CLFC) aims to prevent drug abuse and violence by strengthening resilience of youths and families in high-risk environments. It can be used in schools, churches, or other community organizations that can offer the program in a group. Families learn skills that counteract environmental risks for substance abuse. Overall program goals include:

- To improve youth refusal skills for drugs and alcohol
- To increase use of community services
- To increase parent/child communication and bonding
- To decrease uncontrolled behavior in both parents and children

There are several specific resiliency factors that the program aims to increase. Examples of these factors include:

<u>Youth</u>	<u>Family</u>	<u>Community/Schools</u>
<ul style="list-style-type: none"><li>• Refusal skills</li><li>• Bonding with parents</li><li>• Honest communication</li><li>• Giving input in family rule setting</li><li>• Community bonding</li><li>• Social skills</li></ul>	<ul style="list-style-type: none"><li>• Parental knowledge of substance use</li><li>• Parental substance use</li><li>• Family management skills</li><li>• Communication and bonding with youth</li><li>• Expectations and consequences</li><li>• Stability, harmony, cohesiveness</li><li>• Recreational and community activities</li></ul>	<ul style="list-style-type: none"><li>• Perceptions of support</li><li>• Access and empowerment</li><li>• Responsiveness and flexibility</li><li>• Community service</li><li>• School bonding</li><li>• School attendance</li><li>• Positive school climate</li></ul>

The CLFC Program contains interventions in three domains:

<u>Individual</u>	<u>Family</u>	<u>Peer</u>
<ul style="list-style-type: none"><li>• Afterschool drug education</li><li>• Life and social skills training</li></ul>	<ul style="list-style-type: none"><li>• Parent education/parent family enhancement skills training</li><li>• Case management services</li></ul>	<ul style="list-style-type: none"><li>• Peer-resistance education</li></ul>

## **Treatment Logistics:**

**Appropriate Age Range:** 9-to-17-years-old

**Participants:** Youth and parents/caregivers have individual training modules; an optional joint module is available

**# of Sessions:** 15-20 sessions for each participant, parents and youth attend their own groups simultaneously

The individual models are as follows, with an optional combined "Getting Real" module:

<u>Youth Modules</u>	<u>Parent Modules</u>
<ul style="list-style-type: none"><li>• Developing a Positive Response</li><li>• Developing Independence and Responsibility</li><li>• Getting Real</li></ul>	<ul style="list-style-type: none"><li>• Developing Positive Parental Influences</li><li>• Raising Resilient Youth</li><li>• Getting Real</li></ul>

## **Evidence-Base:**

Refer to Appendix B for a matrix that lists the organizations that have approved CLFC as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online.

Evaluations have found that CLFC positively affects both family and youth resiliency as follows:

- Parents increased their knowledge of substance abuse
- Parents and youths were more likely to use community services
- Parents involved their youth in rule-setting
- Youths increased their bonding with family members

Research shows that decreases in substance use among youth are related to increases in individual and family resiliency factors.

## **Reference to Treatment Manual:**

Strader, T., & Noe, T. (1998). *Creating lasting family connections: Volume 1-6*. Louisville, KY: Council on Prevention and Education: Substances, Inc. (COPES).

**Additional Reference:** <http://www.copes.org/clfc-program.php>



This publication was produced by UNCG Center for Youth, Family and Community Partnerships in collaboration with the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services with financial support from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), U.S. Department of Health and Human Services (grant number 6 J79 T117387-02-2). Reproduction of the text is encouraged; however, copies may not be sold. This information is current as of December 2009.



## Family Matters (FM)

### **Description: Prevention Program**

Family Matters (FM) is a tobacco and alcohol prevention program conducted through mail and phone systems. Families who have agreed to participate are mailed a series of booklets and receive a follow-up call from a program leader after each mailing. Each pamphlet contains information and activities for the families. In the original program, families received small incentives: a pencil, a pin, a magnet, and a balloon. In order to prevent substance use, the program aims to:

- To get parents and youth talking about substance abuse
- To get families thinking about consequences of substance use

Approximately two weeks after each mailing has been sent out, a program leader, called a “Health Educator,” contacts each family to follow up about the booklet, assess level of program engagement, and encourage the family to continue to be involved in alcohol and drug prevention efforts with their adolescents. The health educator follows a specific script for each telephone contact session. The mother-figure in the family is the primary contact for the health educator.

### **Treatment Logistics:**

**Appropriate Age Range:** 12-to-14-years-old

**Participants:** Youth and anyone whom the adolescent has a close relationship with are considered “family members”; each booklet contains activities, some of which are aimed directly at parents and some that involve the whole family

**# of Sessions:** 4 pamphlets are mailed out over a period of 8 weeks, phone contacts are conducted 13 days after each mailing is sent out. On average, families spent 6 hours reading the booklets and completing activities.

The pamphlets are as follows:

**Pamphlet 1:** *Why Families Matter* – introduces program, explains why families should participate.

**Activities:** What Do You Know?, These Things Happen, Chip Off the Old Block

**Pamphlet 2:** *Helping Families Matter to Teens* – two parts: Understanding Your Teenager – how children change as they become adolescents, Working Together As a Family – parenting style, time with teens, conflict, communication, warmth

**Activities:** Now We Get It!, Where Are You Coming From?, Let’s Talk!, Family Time, Family Matters Badge of Honor

**Pamphlet 3:** *Alcohol and Tobacco Rules Are Family Matters* – how families can keep their adolescents from using substances

**Activities:** Are You a Partner to Teenage Alcohol and Tobacco Use?, The Rules of the House, Story Time, Family Rules About Alcohol and Tobacco

**Pamphlet 4:** *Non-Family Influences That Matter* – information focusing on peers and media influences on adolescents’ drug and alcohol use, families learn how to discourage these influences and encourage positive ones

**Activities:** “Just Say No” Is Only One Way To Go, The Critic, Family Matters Checklist

### **Evidence-Base:**

Refer to Appendix B for a matrix that lists the organizations that have approved FM as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online.

Research on FM suggests that it delays the onset of cigarette use. Researchers have found that families that participated in the program had 16.4% fewer adolescents who were smoking by the 1<sup>st</sup> year follow-up. This effect was even stronger for White, non-Hispanic families who had 25% less smoking initiators. However, research suggests that those adolescents who were already using did not statistically decrease their smoking or drinking behavior. This demonstrates the utility of the program for use as prevention and not intervention.

### **Reference to Treatment Manual:**

Bauman, K.E. (1998). *Family matters: Health educator guidebook*. Chapel Hill, NC: The University of North Carolina at Chapel Hill.

**Additional Reference:** <http://familymatters.sph.unc.edu/> - all pamphlets and data collection materials are available here  
<http://rtips.cancer.gov/rtips/programDetails.do?programId=468157&topicId=102271&cgId=> - National Cancer Institute’s Research-tested Intervention Programs (RTIPs) page about Family Matters.



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## Families Facing the Future (FFF)

(previously called Focus on Families)

### **Description: Prevention Program**

Families Facing the Future (FFF) is used with families where the parents suffer from drug and alcohol addiction. This approach focuses on helping parents who are receiving methadone treatment. The program focuses on affective, cognitive, and behavioral aspects through the use of clinic and home-based services. The main goals of the program include:

- To increase protective factors against children's drug use
- To reduce parental drug use
- To reduce risk factors for children's drug use

FFF uses a variety of teaching and learning methods such as skill components and practice opportunities. Parent sessions are provided in a group format and skills are modeled by leaders and group members, followed by discussion, review, and practice. Parents are often given home exercises to help them incorporate the newly learned skills into their own family. Case management is used to help families create goals, monitor progress, encourage continued participation, and make referrals.

### **Treatment Logistics:**

**Appropriate Age Range:** 3-to-14-years-old

**Participants:** Primarily parents, children are included in 12 of the sessions

**# of Sessions:** 33 group sessions over 16 weeks: the first one is a 5-hour family retreat and the rest are 1.5 hour parent training sessions. Parenting training sessions are offered in the mornings while practice sessions occur in the evenings.

The sessions break down into 7 sections as follows:

**Family Goal Setting** – the 5-hour family retreat focuses on developing goals for each family's participation

**Relapse Prevention** – 4 sessions focusing on identification of relapse triggers, controlling anger and stress, and creating and practicing a relapse plan

**Family Communication Skills** – 5 sessions that teach skills of paraphrasing, open questions, and "I" messages. The sessions also discuss developing family expectations and planning regular family meetings, play, and fun times.

**Family Management Skills** – 8 sessions dealing with setting clear and specific expectations, monitoring these expectations, and rewards and consequences. Discipline practices are taught and practiced.

**Creating Family Expectations about Drugs and Alcohol** – 3 sessions where families define and clarify expectations about drugs and alcohol in their households.

**Teaching Children Skills** – 7 sessions that teach parents how to teach their children refusal and problem solving skills. The

**Helping Children Succeed in School** – 5 sessions where parents use previously learned skills to create, monitor, and provide consequences for a home learning routine for their children.

### **Evidence-Base:**

Refer to Appendix B for a matrix that lists the organizations that have approved FFF as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online.

At the 12-month follow-up, researchers found:

- Parents avoided using drugs in problem situations
  - Parents reported less domestic conflict
  - Parents had implemented more household rules
  - Frequency of heroin use in parents was almost 2/3 less than that of the comparison group
- A more recent follow-up (2005) found that participation in the program was related to a decrease in risk for developing a substance use disorder but only for male children

### **Reference to Treatment Manual:**

Haggerty, K.P., Mills, E., & Catalano, R.F. (1993). *Families facing the future curriculum*.

**Additional Reference:** <http://depts.washington.edu/sdrg/FOF.htm>



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## Families in Action (FIA)

### **Description: Prevention Program**

Families in Action (FIA) is a program that was designed to prevent drug and alcohol use among youths. This program is aimed at families that have children in middle school. It focuses on teaching life skills and social resistance skills. It typically occurs in a school setting on weekday evenings. The program is a video-based discussion program that offers opportunities for youth and their parents/caregivers to practice the skills they are learning. Goals of the program include:

- To increase connection between youth and parents
- To increase connection between youth and schools
- To increase positive peer group involvement
- To increase communication skills
- To increase appropriate attitudes about teen alcohol and tobacco use

### **Treatment Logistics:**

**Appropriate Age Range:** 11-to-14-years-old

**Participants:** Youth and parents/caregivers attend their own group sessions simultaneously but come together to practice, the individual curriculums may also be combined

**# of Sessions:** 6 sessions that are 2.5 hours each given over 6 weeks

#### **Youth Sessions:**

- **Session 1:** Understanding parents, teens today, drugs, sexuality and violence
- **Session 2:** Success/Failure Cycle, Character and the Success Cycle, communication skills, power of encouragement
- **Session 3:** Five goals of behavior, problems and problem ownership, family guidelines
- **Session 4:** Responsibility, mutual respect, school success, understanding & accepting consequences, stages of drug use
- **Session 5:** Cooperation, resisting negative peer pressure, expressing love
- **Session 6:** Setting goals, family council meetings, active problem-solving

#### **Parent/Caregiver Sessions:**

- **Session 1:** Current teen issues, parenting styles, drugs, sexuality and violence
- **Session 2:** Building courage and self-esteem, “Think, Feel, Do” cycle of drugs, sexuality and violence
- **Session 3:** Problem-solving, five goals of teen behavior, problem-prevention talks, drugs, sexuality and violence
- **Session 4:** Helping teens develop responsibility, respectful discipline, mutual respect, stages of drug use
- **Session 5:** Effective communication, avoiding communication blocks
- **Session 6:** Family talks and council meetings, active problem-solving

### **Evidence-Base:**

Refer to Appendix B for a matrix that lists the organizations that have approved FIA as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online.

The primary study on FIA found significant changes only for boys who participated in the program. These boys had more appropriate attitudes towards alcohol, higher levels of peer attachment and family cohesion, and reported that it was okay to drink at older ages. Parent graduates from this first study reported more involvement in school activities and family counseling.

A second study was conducted after material was added to the curriculum that was more applicable to girls. Youth who participated in the program reported higher levels of family cohesion, less family fighting, greater school attachment, and higher self-esteem when compared to baseline variables. They also reported believing that they should not use alcohol until an older age than they originally reported. There were no gender differences in these outcomes. Parent participants reported being more opposed to drinking by minors and believing that children should wait until an older age to consume alcohol.

### **Reference to Treatment Manual:**

Popkin, M.H., & Hendrickson, P. (2000). *Families in action parent leader's guide*. Kennesaw, GA: Active Parenting Publishers.

Popkin, M.H., & Hendrickson, P. (2000). *Families in action teen leader's guide*. Kennesaw, GA: Active Parenting Publishers.

There is also a Leader's Guide for the combined portion of the program.

**Additional Reference:** <http://www.activeparenting.com/xfia.htm>



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## Parenting with Love and Limits® (PLL)

### **Description: Prevention Program**

Parenting with Love and Limits® (PLL) uses a combination of group and family therapy in order to teach skills to decrease problem behaviors in youth. Skills are learned in group and practiced during family sessions. This process helps family members transfer their skills over to real life and prevent relapse. Youth and parents are each provided with a workbook and other reading material to use throughout therapy. Some goals of the program include:

- To increase nurturing, attachment, parental resilience, social support, and problem solving behaviors
- To increase the quality of parent-teen communication
- To increase positive youth attitudes and behaviors
- To decrease substance abuse and conduct problems in youth
- To change youths' attitudes towards drug and alcohol use

### **Treatment Logistics:**

**Appropriate Age Range:** 10-to-18-years-old

**Participants:** Parents and youth both together and in separate breakout groups

**# of Sessions:** 6 two-hour group parenting therapy classes offered conjointly with 7-20 family therapy sessions

The schedule of therapy goes as follows:

**Class #1 – Understanding Why Your Teen Misbehaves** – why teens act out, building cohesion in group

**Class #2 – Button-Pushing** – parents and teens learn how they push each other's buttons and how to stop

**First Family Session** – practicing anti-button-pushing techniques

**Class #3 – Ironclad Contracting** – why old methods of contracting have failed, how to create a contract that will work

**Second Family Session** – parents and teens meet to create their own contracts

**Class #4 – Troubleshooting** – how teenagers seem to derail contracts by staying ahead of the game, using “what if” scenarios.

**Third Family Session** – review contracts and troubleshoot loopholes, practice delivery of rewards and consequences

**Class #5 – Stopping Seven Aces** – choosing creative consequences to stop seven “aces”: disrespect, truancy, running away, violence, sexual promiscuity, threats of suicide, and/or alcohol and drug use

**Fourth Family Session** – review progress

**Class #6 – Restoring Lost Nurturance and Tenderness** – learning how conflict hinders relationships and how to repair them

**Five Family Session** – solidify nurturance, address underlying family dysfunction

**Additional Family Sessions as needed**

### **Evidence-Base:**

Refer to Appendix B for a matrix that lists the organizations that have approved PLL as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online.

Research has found:

- High participation levels: 94% of parents, 84% of youth
- Decrease in self-reported adolescent substance use
- Less relapse - 85% did not relapse for at least a year
- Reduced recidivism rates
- Reduced aggression, depression, and ADHD
- Improved parent-adolescent communication

However, adolescents' attitudes towards substances did not change significantly. Adolescents were more likely to feel that they had misused alcohol or drugs but they were no more likely to believe that they had an alcohol or drug problem.

### **Reference to Treatment Manual:**

Sells, S. (2005). *Parenting with love and limits®: Group therapy leader's guide*. Savannah, GA: Savannah Family Institute.

Sells, S. (2005). *Parenting with love and limits®: Level 2 parent's workbook*. Savannah, GA: Savannah Family Institute.

Sells, S. (2005). *Parenting with love and limits®: Level 2 teen's workbook*. Savannah, GA: Savannah Family Institute.

**Additional Reference:** <http://www.gopll.com/>



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# Strengthening Families Program (SFP)

## **Description: Prevention Program**

The Strengthening Families Program (SFP) is a skill-building program for families that aims to increase resilience and reduce risk factors for a variety of emotional, behavioral, and social issues in youth. This program was specifically designed for use with high-risk families. Incentives are built in throughout the program to increase attendance and participation. Parents and children meet separately in their own groups to learn and practice skills. They come together for a family group sessions where families participate in structured activities, practice therapeutic play, conduct family meetings, and role play skills learned.

Goals of the program are to:

- Improve family relationships
- Increase amount of time family members spend together
- Improve parenting skills
- Increase knowledge of alcohol and substances
- Increase youth’s social and life skills
- Increase youth’s ability to resist peer pressure

Through the accomplishment of the above goals, problem behaviors, delinquency, and alcohol & drug use will be decreased. Families are encouraged to participate in family support groups and/or ongoing booster sessions to increase generalization and maintenance of skills learned.

## **Treatment Logistics:**

**Appropriate Age Range:** 3-to-17-years-old

**Participants:** Youth and parents meet separately for the first hour and together for the second hour

**# of Sessions:** 14 two-hour group sessions held weekly with a graduation ceremony during the 15<sup>th</sup> week, a family meal often precedes each session

General session topics for the 12-16 Program are as follows (multiple sessions are indicated in parentheses):

**Child Sessions:** Introduction; Speaking & Listening; Staying Cool in Conflicts; Being who You Want to Be; Speaking for Yourself; Speaking Up in Your Family; Peer Pressure; Alcohol & Drugs; Problem Solving; Friends, Dating & Sexuality; Managing Emotions; Handling Criticism; Coping with Anger; Resources, Review, & Graduation

**Parent Sessions:** Introduction; Stress Management; Rewards; Goals & Objectives; Communication (2); Peer Pressure; Alcohol & Drugs; Problem Solving; Relationships, Love, & Sexuality; Setting Limits (2); Behavior Contracts; Review

**Family Sessions:** Introduction; Appreciating Family Members, Rewards; Goals & Objectives; Communications (2); Supporting Resistance; Learning from Parents; Problem Solving & Giving Directions; Relationships, Love, & Sexuality; Empathy; Family Values; Managing Anger; Graduation

## **Evidence-Base:**

Refer to Appendix B for a matrix that lists the organizations that have approved SFP as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online.

Longitudinal analyses have found that when compared with a control group, SFP participants report:

<u>Substance Use Outcomes</u>	<u>Parental Outcomes</u>	<u>Other Outcomes</u>
<ul style="list-style-type: none"> <li>• Less past-year narcotic misuse</li> <li>• Less lifetime narcotic &amp; barbiturate misuse</li> <li>• Less monthly poly-substance use</li> </ul>	<ul style="list-style-type: none"> <li>• Improved parent/child relationships</li> <li>• Reduced family conflict</li> <li>• Decreased excessive punishment</li> </ul>	<ul style="list-style-type: none"> <li>• Increased pro-social behavior</li> <li>• Increased social and life skills</li> <li>• Decreased emotional and behavioral problems</li> </ul>

## **Reference to Treatment Manual:**

There is one CD-ROM for each of the three age groups: 3-5, 6-11, and 12-16:

Kumpfer, K. L., & Whiteside, H. (2006). Strengthening Families Program [CD-ROM]. Salt Lake City: University of Utah, Strengthening Families Program Office.

**Additional Reference:** <http://www.strengtheningfamiliesprogram.org/>





# Strengthening Families Program (SFP) for Parents and Youth 10-14

### **Description: Prevention Program**

The Strengthening Families Program (SFP) 10-14 is a skill-building program for families to increase resilience and reduce risk factors for a variety of issues in children and youth. This adaptation of the original SFP intervention is used with a lower-risk population. Youth and parents watch videos of typical situations with diverse families during their individual groups. They come together to role-play, discuss, participate in learning games, and complete family projects for the family sessions.

Goals of the SFP Program are to:

- Teach parents nurturing skills to support their children
- Teach parents effective discipline skills
- Give youth a future orientation
- Help youth increase their appreciation of parents and caregivers
- Teach youth how to deal effectively with stress and peer pressure

### **Treatment Logistics:**

**Appropriate Age Range:** 10-to-14-years-old

**Participants:** Youth and parents meet separately for the first hour and together for the second hour

**# of Sessions:** 7 weekly sessions, 4 optional booster sessions 3-12 months after initial program completion

Session topics for each group are as follows:

#### **Parent Sessions**

- 1: Love and Limits
- 2: Making House Rules
- 3: Encouraging Good Behavior
- 4: Using Consequences
- 5: Building Bridges
- 6: Protecting Against Substance Abuse
- 7: Getting Help for Special Family Needs

#### **Teen Sessions**

- 1: Having Goals and Dreams
- 2: Appreciating Parents
- 3: Dealing with Stress
- 4: Following Rules
- 5: Dealing with Peer Pressure
- 6: Peer Pressure and Good Friends
- 7: Reaching Out to Others

#### **Family Sessions**

- 1: Supporting Goals and Dreams
- 2: Appreciating Family Members
- 3: Using Family Meetings
- 4: Understanding Family Values
- 5: Building Family Communication
- 6: Families and Peer Pressure
- 7: Putting it All together

#### **BOOSTER SESSIONS**

- 8: Handling Stress
- 9: Communicating If You Don't Agree
- 10: Reviewing Love and Limits
- 11: Review: Helping with Peer Pressure

- 8: Handling Conflict
- 9: Making Good Friends
- 10: Getting the Message Across
- 11: Practicing Our Skills

- 8: Understanding Each Other
- 9: Listening to Each Other
- 10: Understanding Family Roles
- 11: Using Family Strengths

### **Evidence-Base:**

Refer to Appendix B for a matrix that lists the organizations that have approved SFP10-14 as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online.

The main study of SFP10-14 was conducted by Project Family at the Institute for Social and Behavioral Research at Iowa State University. The study found that in comparison to control youth:

- Participants had lower rates of alcohol, tobacco, and marijuana use
- Differences increased over time, suggesting that skills and relationships developed had more influence as time went by
- Participants had fewer conduct problems
- Parents increased their positive feelings towards their child(ren)
- Parents were more able to set rules and follow through on consequences
- Parents were more able to effectively monitor youth and use appropriate discipline

### **Reference to Treatment Manual:**

Molgaard, V. K., Kumpfer, K., & Fleming, E. (2007). *Strengthening families program for parents and youth 10-14: Leader guide*. Ames, IA: Iowa State University Research Foundation.

**Additional Reference:** <http://www.extension.iastate.edu/sfp/>



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## What are some prevention programs used with adolescents?

This sheet serves as an introduction to different prevention programs that are used with adolescents. The prevention programs offered will differ depending on your community. If you would like more information, we have created a more detailed fact sheet for each prevention program.

### Celebrating Families!™ (CF!)



Celebrating Families!™ is a prevention program for domestic violence, child abuse, neglect, and substance abuse in families. It was originally created for Children of Alcoholics (CoAs) and celebrates and builds on the strengths within families. Families in the program learn how to communicate, express feelings, control anger, problem solve, and cope with stress. Family members increase their knowledge of the impact of drug and alcohol abuse on their families and are encouraged to decrease their alcohol and substance use. Anywhere from 6 to 15 families meet together at one time. Families eat a meal together and then split up into small groups depending on the age of each family member. Families then come back together as one group to practice the skills learned in the small groups.

### Creating Lasting Family Connections (CLFC)

Creating Lasting Family Connections is a prevention program for alcohol and drug abuse. Families meet with program staff in groups at schools, churches, or other community agencies. The program offers afterschool drug education led by same-age peers, life skills training, and peer-resistance education for youth. They also have parent education and case management services for the family. Youth and families are encouraged to increase their skills in refusing drug and alcohol, increase their communication and bonding, and use community services to resolve problems.



### Families in Action (FIA)



Families in Action is a prevention program for families with children in middle school. The program teaches life skills and social resistance skills, increases communication, and increases appropriate attitudes about teen alcohol and tobacco use. Videos are used for discussions in separate parent and youth groups and then families come together to practice their skills. A basic premise of the program is that youth will use less substances if they are more connected with their caregivers.

### Families Facing the Future (FFF) (previously called Focus on Families)



Families Facing the Future is a prevention program used with families where the parents suffer from drug and alcohol addiction. The main purpose is to help parents decrease their children's risk of future drug use and learn strategies to avoid relapse themselves. The focus of this program is parents with children being included in some of the sessions. Case management is a part of this program to help families get additional services as needed. The groups focus on setting goals, communication, family management, expectations about substance use, teaching children skills, and encouraging success in school.



### Family Matters (FM)



Family Matters is an alcohol and drug prevention program where families receive information through the mail and by phone. Booklets on various topics are mailed out to families participating in the program. These booklets have information and activities for the family to do together. Program staff call families to check in and see how they are doing with the activities. Families are encouraged to set rules about alcohol and tobacco use and they learn about outside factors that influence alcohol and substance use.

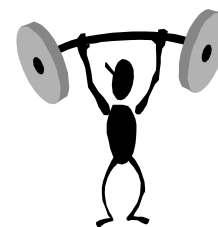
### Parenting with Love and Limits®



Parenting with Love and Limits® uses both group and family therapy to teach skills to decrease problem behaviors in youth. Parents and youth have their own group and then come together to practice skills in family therapy sessions. There are six “classes” that focus on understanding misbehavior, button-pushing, making contracts, problem solving, and mending relationships. Program staff aim to reduce substance use by increasing communication, attachment, nurturing and other family factors. Family therapy continues on after the classes as needed for each family.

### Strengthening Families Program (SFP)

The Strengthening Families Program is a prevention program to reduce the risk for a variety of emotional, behavioral, and social issues for youth. Parents and youth meet separately in their own groups and then come together for group family sessions. The group family sessions include structured activities, therapeutic play activities, family meetings, and role plays. There are different versions of SFP for different age groups: 3-5, 6-11, 12-16. There is also a specific program for families with children who are aged 10-14 that are at a lower risk than those in the original program. The 10-14 program focuses on nurturing skills, discipline, thinking about the future, appreciation of parents by youth, and how to deal with stress and peer pressure.





## Appendix A: Acronyms and Definitions

**Caregiver:** The primary person responsible for the well-being of youth

**CF:** Celebrating Families!<sup>TM</sup>, which is a home-based prevention program for families which teaches communication, anger management, problem solving, and coping skills.

**CLFC:** Creating Lasting Family Connections, which is a family-based prevention program

**CYFCP:** Center for Youth, Family and Community Partnerships

**Evidence-Based Practice:** An approach to prevention or treatment that is validated by some form of documented scientific evidence

**Fact Sheets:** Provide information to parents and providers for assistance in making informed choices about which treatment approaches to use

**FFF:** Families Facing the Future, which is a family-based prevention program that focuses on parents who are receiving methadone treatment

**FIA:** Families in Action, which is a video-based discussion prevention program for families that typically takes place at school on weekday evenings

**FM:** Family Matters, which is a family-based prevention program where families receive booklets and incentives through the mail which contain information and activities

**NREPP:** National Registry of Evidence-Based Programs and Practices

**NC DMH/DD/SAS:** North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**OJJDP:** Office of Juvenile Justice and Delinquency Prevention

**PLL:** Parenting with Love and Limits®, which is a prevention program that uses a combination of group and family therapy to teach skills to decrease problem behaviors in youth

**SAMHSA:** Substance Abuse Mental Health Services Administration

**SFP:** Strengthening Families Program, which is a prevention program that increases resilience and reduces risk factors for various issues for high-risk families

**SFP 10-14:** Strengthening Families Program for Youth 10-14, which is an adaptation of SFP for a specific age group and lower-risk families



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# Appendix B: EBP Matrix

Go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> for the complete matrix with links to more information.

Practice	Organization					Therapy Manual Online
	<a href="#">Oregon Addictions and Mental Health Approved Practices</a>	<a href="#">SAMHSA National Registry of Evidence-based Programs &amp; Practices</a>	<a href="#">Finding Youth Info (formerly Helping America's Youth)</a>	<a href="#">University of Washington EBP Database</a>	<a href="#">The Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide</a>	
<a href="#">Celebrating Families! (CF)</a>	Pending Review	X				
<a href="#">Creating Lasting Family Connections (CLFC)</a>	X	X	Level 2		Effective	
<a href="#">Families Facing the Future (FFF) - formerly Focus on Families (FOF)</a>		Legacy Program	Level 1		Exemplary	
<a href="#">Families in Action (FIA)</a>		Pending Review	Level 2		Effective	
<a href="#">Family Matters</a>	X	X	Level 1		Exemplary	<a href="#">UNC School of Public Health</a>
<a href="#">Parenting with Love and Limits (PLL)</a>		X	Level 1		Exemplary	
<a href="#">Strengthening Families Program (SFP)</a>	X	X	Level 1		Exemplary	
<a href="#">Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)</a>		X	Level 1		Exemplary	



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# Appendix C: Additional Resources

## Creating Lasting Family Connections (CLFC)

- Johnson, K., Bryant, D.D., Collins, D.A., Noe, T.D., Strader, T.N., & Berbaum, M. (1998). Preventing and reducing alcohol and other drug use among high-risk youths by increasing family resilience. *Social Work, 43*, 297-308. Retrieved from <http://www.naswpress.org/publications/journals/sw.html>
- Johnson, K., Noe, T., Collins, D., Strader, T., & Bucholtz, G. (2000). Mobilizing church communities to prevent alcohol and other drug abuse: A model strategy and its evaluation. *Journal of Community Practice, 7*, 1-27. Retrieved from <http://www.tandf.co.uk/journals/WCOM>
- Johnson, K., Strader, T., Berbaum, M., Bryant, D., Bucholtz, G., Collins, D., & Noe, T. (1996). Reducing alcohol and other drug use by strengthening community, family, and youth resiliency: An evaluation of the creating lasting connections program. *Journal of Adolescent Research, 11*, 36-67. doi: 10.1177/0743554896111004

### Families in Action (FIA)

- Abbey, A., Pilgrim, C., Hendrickson, P., & Buresh, S. (2000). Evaluation of a family-based substance abuse prevention program targeted for the middle school years. *Journal of Drug Education, 30*, 213-228. Retrieved from <http://baywood.metapress.com/link.asp?id=300320>
- Pilgrim, C., Abbey, A., Hendrickson, P., & Lorenz, S. (1998). Implementation and impact of a family-based substance abuse prevention program in rural communities. *The Journal of Primary Prevention, 18*, 341-361. doi: 10.1023/A:1024659012360

### Families Facing the Future (FFF) (previously called Focus on Families)

- Catalano, R.F., Gainey, R.R., Fleming, C.B., Haggerty, K.P., & Johnson, N.O. (1999). An experimental intervention with families of substance abusers: One-year follow-up of the focus on families project. *Addiction, 94*, 241-254. doi: 10.1046/j.1360-0443.1999.9422418.x
- Catalano, R.F., Haggerty, K.P., Gainey, R.R., & Hoppe, M. (1997). Reducing parental risk factors for children's substance misuse: Preliminary outcomes with opiate-addicted parents'. *Substance Use & Misuse, 32*, 699-721. doi: 10.3109/10826089709039371
- Gainey, R.R., Catalano, R.F., Haggerty, K.P., & Hoppe, M.J. (1995). Participation in a parent training program for methadone clients. *Addictive Behaviors, 20*, 117-125. doi: 10.1016/0306-4603(94)00053-2
- Gainey, R.R., Haggerty, K.P., Fleming, C.B., & Catalano, R.F. (2007). Teaching parenting skills in a methadone treatment setting. *Social Work Research, 31*, 185-190. Retrieved from <http://www.naswpress.org/publications/journals/swr.html>
- Haggerty, K.P., Skinner, M., Fleming, C.B., Gainey, R.R., & Catalano, R.F. (2008). Long-term effects of the focus on families project on substance use disorders among children of parents in methadone treatment. *Addiction, 103*, 2008-2016. doi: 10.1111/j.1360-0443.2008.02360.x

### Family Matters (FM)

- Bauman, K.E., Ennett, S.T., Foshee, V.A., Pemberton, M., & Hicks, K. (2001). Correlates of participation in a family-directed tobacco and alcohol prevention program for adolescents. *Health Education & Behavior, 28*, 440-461. doi: 10.1177/109019810102800406
- Bauman, K.E., Ennett, S.T., Foshee, V.A., Pemberton, M., King, T.S., & Koch, G.G. (2000). Influence of a family-directed program on adolescent cigarette and alcohol cessation. *Prevention Science, 1*, 227-237. doi: 10.1023/A:1026503313188
- Bauman, K.E., Ennett, S.T., Foshee, V.A., Pemberton, M., King, T.S., & Koch, G.G. (2001). The influence of a family program on adolescent tobacco and alcohol use. *American Journal of Public Health, 91*, 604-610. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/journals/487/>
- Bauman, K.E., Foshee, V.A., Ennett, S.T., Hicks, K., & Pemberton, M. (2001). Family matters: A family-directed program designed to prevent adolescent tobacco and alcohol use. *Health Promotion Practice, 2*, 81-96. doi: 10.1177/152483990100200112
- Ennett, S.T., Bauman, K.E., Pemberton, M., Foshee, V.A., Chuang, Y., King, T.S., & Koch, G.G. (2001). Mediation in a family-directed program for prevention of adolescent tobacco and alcohol use. *Preventive Medicine, 33*, 333-346. doi:10.1006/pmed.2001.0892

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**Parenting with Love and Limits®**

Smith, T.E., Sells, S.P., Rodman, J., & Reynolds, L.R. (2006). Reducing adolescent substance abuse and delinquency: Pilot research of a family-oriented psychoeducation curriculum. *Journal of Child & Adolescent Substance Abuse, 15*, 105-115. doi: 10.1300/J029v15n04\_06

**Strengthening Families Program (SFP)**

Coombes, L., Allen, D., Marsh, M., & Foxcroft, D. (2009). The strengthening families programme (SFP) 10-14 and substance misuse in Barnsley: The perspectives and facilitators of families. *Child Abuse Review, 18*, 41-59. doi: 10.1002/car.1055

Fox, D.P., Gottfredson, D.C., Kumpfer, K.K., & Beatty, P.D. (2004). Challenges in disseminating model programs: A qualitative analysis of the strengthening families Washington DC families program. *Clinical Child and Family Psychology Review, 7*, 165-176. doi: 10.1023/B:CCFP.0000045125.68018.61

Spoth, R., Trudeau, L., Shin, C., & Redmond, C. (2007). Long-term effects of universal preventive interventions on prescription drug misuse. *Addiction, 103*, 1160-1168. doi: 10.1111/j.1360-0443.2008.02160.x

Trudeau, L., Spoth, R., Randall, G.K., & Azevedo, K. (2007). Longitudinal effects of a universal family-focused intervention on growth patterns of adolescent internalizing symptoms and polysubstance use: Gender comparisons. *Journal of Youth and Adolescence, 36*, 725-740. doi: 10.1007/s10964-007-9179-1