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Family Skills Training for Parents and Children

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The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is dedicated to preventing and reversing trends of increased delinquency and violence among adolescents. These trends have alarmed the public during the past decade and challenged the juvenile justice system. It is widely accepted that increases in delinquency and violence over the past decade are rooted in a number of interrelated social problems—child abuse and neglect, alcohol and drug abuse, youth conflict and aggression, and early sexual involvement—that may originate within the family structure. The focus of OJJDP's Family Strengthening Series is to provide assistance to ongoing efforts across the country to strengthen the family unit by discussing the effectiveness of family intervention programs and providing resources to families and communities.

History

The Strengthening Families Program (SFP) began in 1983 as a 4-year prevention research project funded by the National Institute on Drug Abuse (NIDA). Because of the project's promising results, SFP has been replicated, revised, and adapted for diverse population groups throughout the Nation. The program was designed as a drug abuse prevention program for high-risk, drug-abusing parents to help them improve their parenting skills and help their children avoid drug use. Program developers (Kumpfer and DeMarsh, 1983) believed that, to reduce risk factors in children of substance abusers, one must improve the family environment and the parents' ability to nurture and provide appropriate learning opportunities for their children. SFP was initially tested with clients who were participating in either outpatient treatment for drug abuse or a methadone maintenance program through community mental health services. The families in the experimental group were randomly assigned to one of three groups, each of which attended a different type of session: a 1-hour parent training session; separate 1-hour training sessions for parents and for children; or separate 1-hour classes for parents and for children, followed by a 1-hour session for the entire family. Families in the control group received no treatment. Each group met for 14 weeks and received incentives, including transportation, childcare, snacks, and prizes for attendance and homework completion, to increase retention.

The research results indicated that the intervention that combined all three components (parent skills, child skills, and family skills) was the most successful. SFP increased children's positive behavior and prosocial skills, improved adults' parenting skills, and enhanced the family

From the Administrator

Often juvenile crime and violence are rooted in an array of interrelated problems, such as child maltreatment and neglect, drug and alcohol abuse, and youth conflict, that may originate within the family. As part of its mission to prevent juvenile delinquency and protect children, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) is committed to working to enhance the positive influence of families through proven family-strengthening programs.

This Bulletin, one of OJJDP's Family Strengthening Series, features the Strengthening Families Program. The program reflects research that indicates that the most effective interventions build parent, child, and family skills.

Originally designed as a drug abuse prevention program to help drug-abusing parents and their children, the Strengthening Families Program has developed into a family-change program that has served the needs of culturally and geographically diverse families and their children across the Nation.

Several examples of such varied adaptations of the program's strategy are described in these pages. Suggestions for implementing the program in communities are also provided, as are additional resources that should prove useful.

When we strengthen the family, we strengthen the child—and the future of our Nation.

John J. Wilson
Acting Administrator

environment by improving communication, clarifying family rules, and decreasing family conflict.

Purpose

The Strengthening Families Program is one of the most powerful family change programs in the Nation because it involves the whole family instead of the parents or the children alone (Kumpfer, 1994a). The initial goal was to design and test the relative effectiveness of three family-based and behavior-oriented prevention interventions (a Parent Training Program, a Children's Skills Training Program, and a Family Skills Training Program) in reducing the risk that children (ages 6 to 10) living with substance-abusing parents would become substance abusers themselves.

SFP was designed to reduce environmental risk factors and improve protective factors with the ultimate objective of increasing personal resiliency and minimizing susceptibility to drug use in high-risk youth. The program is theoretically based on the Values-Attitudes-Stressors-Coping (VASC) Skills and Resources Model theory of drug abuse (Kumpfer and DeMarsh, 1985) and the social ecology model of adolescent substance abuse (Kumpfer and Turner, 1990–91). These models suggest that family environment is an important factor in deterring the use of alcohol and/or other drugs in youth. Family climate and parenting factors are the major determinants of self-efficacy and the second major determinant, after peer pressure, of alcohol and other drug use. Recent research (Ary et al., 1999) finds family attachment, supervision, and family norms are strategies and pathways that protect youth from drug use. Because family environment influences every aspect of a child's life, improving parent-child relations should be a major goal of any prevention/intervention program.

SFP has been tested, evaluated, and replicated in a variety of settings. Positive results have been documented in inner-city Detroit, MI; rural Alabama and Iowa; Hawaii; and urban Utah. SFP has been modified to provide culturally appropriate interventions for African American, Hispanic, Asian/Pacific Islander, and low-income rural families. These modifications have been funded by a series of independent Center for Substance Abuse Prevention (CSAP) Federal grants to prevention/treatment agencies that target different ethnic populations. New versions of SFP have been developed for English-speaking Australian families and French- and English-speaking families in Canada. The Texas Commission on Alcohol and Drug Abuse (TCADA) is funding replications in Texas. NIDA has selected SFP as one of 10 exemplary delinquency prevention programs and funded research on SFP in the Washington, DC, area.

Appropriate Target Populations

The original Strengthening Families Program has been culturally adapted and tested with urban and rural families with elementary school-age children. (Kumpfer, 1995; Aktan, Kumpfer, and Turner, 1996). SFP has proven successful with high-risk children whose parents are not drug or alcohol abusers and with families of diverse backgrounds. Separate training manuals have been developed for African American families. The African American manuals contain the same basic content as the original SFP but have culturally appropriate pictures and language with some specific information regarding African American families and communities.

Program Description

SFP is presented in 14 consecutive weekly sessions, each approximately 2 hours long. The program has two versions: SFP for elementary school children and their families and SFP for parents and youth 10 to 14 years of age. Each version includes skills training for parents, children, and families. Parents and children meet together at the beginning of each session for announcements, and some programs provide a snack or a small meal. Following this group time, parents and children spend the first hour in their respective groups. They spend the second hour together in family skills training. Research has demonstrated that, for both the parents and children, family skills practice helps families make and sustain improvements in their interactions.

The SFP curriculum includes 6 manuals covering each of the 3 components of the 14-session courses. The manuals are the following:

- A *Parent Trainer's Manual* and *Parent Handbook,* which include behavioral and cognitive strategies and homework exercises for 14 sessions, to help parents improve their parenting, communication, and nurturing skills.
- A *Children's Skills Trainer's Manual* and *Children's Handbook,* which include life and social skills training and homework exercises for 14 sessions, to help youth improve their behavior and social competence.
- A *Family Skills Trainer's Manual,* which includes family involvement and homework exercises for 14 sessions, to allow family members to practice what they have learned in their separate parent and youth sessions.
- An *Implementation Manual* for trainers, which includes training and setup information, materials, program logistics, group facilitation techniques, and ethical questions.

Parent Skills Training

Each session begins with a review of homework and concepts covered during the previous week. The training material is presented in a variety of ways including exercises, videos, lectures, discussions, and role-plays. New concepts are then reviewed and new homework is assigned.

The optimum number of participants for parenting groups is 8 to 12 sets of parents. Child care should be available for participants with children under age 6.

The *Parent Training Therapist Manual* includes group exercises and homework forms, a communication section adapted from the Relationship Enhancement Program (Guerney, 1997), and sections on developmental age/stage-appropriate behaviors and drug education. A session for parents on changing problem behavior has been empirically demonstrated to increase the endurance of appropriate behavior.

Outline of Parent Skills Training Sessions

- Introduction and group building: This session presents group building exercises and a short lecture on learning theory. Goals include discussing change, focusing on positive thoughts, and encouraging parents to observe their child's good behavior.
- Developmental expectancies and stress management: This session discusses physical, mental, social, and emotional development with a focus on appropriate and realistic expectations for children at different ages. A section on stress and anger management teaches parents what to do when they feel overwhelmed.
- Rewards: This session covers rewarding children for good behavior, "attends" (describing and emphasizing positive behavior), and providing social rewards. Parents are encouraged to "catch their children being good."
- Goals and objectives: This session focuses on setting general goals, defining good behavior, setting behavioral goals and objectives, and making positive statements to children.
- Differential attention/Charts and spinners: This session teaches parents the skill of rewarding good behavior and ignoring bad behavior. Charts and spinners are described as a way to encourage good behavior. Charts list and record the child's progress on target behaviors the parent wants to improve (e.g., making the bed, brushing teeth, or cleaning the bedroom). The spinner has rewards for achieving target behaviors the parent and child have chosen together.
- Communication I: This session teaches parents about listening and speaking, "I" messages, and roadblocks to communication.
- Communication II: This session reinforces concepts covered in the previous session with extensive role-play.
- Alcohol, drugs, and families: This session introduces the parent's role in prevention of children's problem behaviors and awareness of at-risk behaviors.
- Problem solving, giving directions: This session teaches the basic steps of problem solving and reinforces them with role-play. Making requests, giving clear directions, and delivering effective commands are discussed.
- Limit setting I: This session introduces timeouts, overcorrection, positive practice, and the parents' game.
- Limit setting II: This session covers the issue of punishment, including how to solve a child's problem behavior by setting appropriate limits.
- Limit setting III: This session helps parents continue to solve problems in a variety of situations, including those supplied in the handbook, that may be relevant to their individual needs.
- Development/Implementation of behavior programs: This session reviews the process of implementing the abbreviated behavioral program. Parents develop a plan for the first week of a behavior program for their child.
- Generalization and maintenance: This session teaches parents to fade rewards (rewarding every other time for several weeks and then rewarding only occasionally if the desired behavior continues), look for naturally occurring rewards, troubleshoot, and maintain behavioral changes in their children.

Children's Skills Training

In each SFP session, the children meet in groups to learn how to increase their communication, social, and peer resistance skills. The curriculum was designed to teach a variety of prosocial skills using a modified Social Skills Training Program (Spivack and Shure, 1979).

Ideally, there should be two trainers per group. The optimum number of participants in the children's group is 6 to 8. Like the parents' sessions, each children's session begins with a review of homework assigned and concepts presented during the previous week's meeting. Children are then taught new material through exercises, games, coloring and workbook activities, role-plays, puppet shows, and discussions. The trainers then review the material and assign new homework. Children may receive prizes for good behavior.

Outline of Children's Skills Training Sessions

- Hello and rules: This session welcomes children to the group with games and songs. Group rules and a Dynamic Doer's chart are developed.
- Social skills I: This session discusses conversation skills, especially listening. Role-play reinforces the concept of social skills.
- Social skills II: This session covers speaking skills such as eye contact, appropriate distance, appropriate voice volume, praise, and complimenting.
- Creating good behavior: This session teaches children the secret rules of success. Children role-play relevant situations to practice the rules.
- How to say "no" to stay out of trouble: This session teaches children four basic steps to stay out of trouble through discussion, games, stories, and role-plays.
- Communication I: This session discusses family talks and "I feel" messages. A family meeting is assigned as homework.
- Communication II: Using puppets and role-plays, this session illustrates the concept of asking a friend for help.
- Alcohol and drugs: This session teaches children the effects and consequences of alcohol and drug use with stories, lectures, and discussion.
- Problem solving: This session presents seven steps to solving problems. Children role-play several examples to reinforce the concept.
- Introduction to parents' game: This session teaches children to give effective directions through discussion and demonstration.
- Coping skills I: This session teaches children to recognize feelings in themselves and others and to understand that different people may have different feelings about the same situation.
- Coping skills II: This session focuses on how to give and receive criticism.
- Coping skills III: This session allows children to discuss things that make them mad and offers strategies for coping with, controlling, and expressing anger.
- Graduation, resources, and review: This session teaches children about other resources that can help them if they have problems when their parents are unavailable. Children then review all 14 sessions.

Family Skills Training

This intervention program, the final component in SFP, brings parents and children together. It incorporates the curriculum described in *Helping the Noncompliant Child* (Forehand and McMahon, 1981). The Family Skills Program follows the parents' and children's groups. These sessions are designed to help parents empathize with and enjoy their children. The nonpunitive environment helps children and parents express their feelings and thoughts with the support of program facilitators. The goal of the family session is to increase the cooperation of all family members.

During the second phase of these sessions, elements of the Family Relationship Enhancement Program (Guerney, 1997) are introduced. The parents practice appropriate behavior modeled by the facilitator. Two facilitators introduce a problem and model appropriate problem solving and communication skills. The families then role-play problem situations using the communications skills they have learned and observed. The therapist provides immediate reinforcement by praising appropriate actions. In the third phase of sessions, parents learn to control their children's play. The parents practice setting appropriate limits and rewarding good behavior.

The Family Skills Training program, each session of which lasts 1 hour, includes both parents' and children's groups. The format includes both didactic and experiential activities. At least two trainers per group are needed to assist with the children's and parents' games and to provide individual support. The didactic activities include brief lectures on behavior change, rewards, giving directions, and commands. The experiential activities include families participating in the children's game, parents' game, and role-plays on communication and problem solving.

Outline of Family Skills Training Sessions

- Introduction and group building: This session presents the rationale, format, and mechanics of the family component and begins the children's game.
- Children's game: This session helps parents conceptualize problems in the context of the parent-child interaction and begins training for the children's game.
- Children's game/Rewards: Parents and children practice the children's game while trainers review attending skills (describing good behavior the parent sees and emphasizing good behavior the parent wants).
- Goals and objectives: Parents and children continue to practice the children's game.
- Differential attention/Charts and spinners: Families make charts and spinners and continue the children's game.
- Communication I: Families practice level 1 communication skills

(i.e., addressing nonthreatening issues that have nothing to do with the families).

- Communication skills II: Families practice communication skills at levels 2, 3, and 4. In level 2, the topic of conversation is again restricted to areas that do not involve the families to concentrate on using their skills. In level 3, the families begin discussing a topic of interpersonal relevance. In level 4, families begin discussing actual problems or issues in their families.
- Learning from parents: Families continue to practice communication skills, this time discussing drug and alcohol issues.
- Parents' game/Problem solving, giving directions: This session introduces giving effective commands and requests and using timeouts.
- Parents' game/Giving commands: Families continue the parents' game and practice giving clear and specific commands.
- Parents' game/Consequences for compliance and noncompliance: Families continue to practice the parents' game and introduce consequences for not following directions.
- Parents' game/Family talks: This session introduces families to family meetings with a sample agenda.
- Development/Implementation of behavior programs: Trainers encourage parents to apply the skills they have learned to any problem situations and to continue practicing the children's game.
- Termination and graduation: This last family session is a graduation party for all participants. Families receive certificates of completion and play games.

Implementation Manual

The *Implementation and Training Manual* assists trainers in facilitating the Strengthening Families Program by providing information and answering questions about getting started. The following are some of the topics included in the manual:

- Training, setup, and materials.
- Logistics.
- Problem solving.
- Group facilitation techniques.
- Ethical questions.

Trainers are the program's most valuable resource. SFP functions best with different trainers and cotrainers for the parents' and children's skills-training groups. During the family skills sessions, if the numbers are large and the families are divided into two groups, two trainers are needed for each group. If the families remain in one group, it is recommended that all four trainers facilitate the family session. In SFP for youth ages 10 to 14, the entire program is on videotape, so only one trainer is required for the parents' training and two additional trainers are needed for the children's training.

The selection of trainers is based on the requirements of the target populations. For example, when the program was conducted with parents who were concurrently enrolled in treatment for alcohol and/or other drug abuse problems, program implementers were staff members of treatment facilities or community mental health centers who received special training in conducting the parent and child components of the Strengthening Families Program. When implementing SFP with rural African American families, staff from community crisis and counseling centers in the target areas were trained. When SFP was implemented in inner-city Detroit, MI, a wide range of youth and family service providers, including teachers and clergy, were hired to work hourly in the evening to accommodate working parents (Aktan, 1995). Since SFP involves both behavioral and cognitive changes, trainers who are knowledgeable in behavioral training and communication and/or cognitive therapy are well suited to facilitate the program.

Evaluation Research Studies

The Strengthening Families Program has been evaluated in 12 research studies by independent evaluators. Research results from a grant funded by NIDA found positive effects for alcohol- and drug-abusing families. SFP's effectiveness has been demonstrated in CSAP program evaluations with rural and urban low-income African American families (Aktan, Kumpfer, and Turner, 1996), Asian/Pacific Islander families (Kameoka and Lecar, 1996), families in three counties in Utah with a 5-year followup (Harrison, 1994), and in a doctoral dissertation with a general population of high-risk families recruited through elementary schools. Three years of follow-up data, through the ninth grade, found significantly less substance abuse among youth participating in the Iowa SFP than among their nonparticipating peers (Spoth, 1998).

The first 5 years of CSAP grants have yielded positive results for the SFP sites in Colorado. The results are available in an evaluation report that has not yet been published. Changes reported by participating families are clinically significant reductions in family conflict (p=0.002) and improvements in family communication (p=0.000) and organization (p=0.000) as measured at the 0.05 level by the Moos (1974) Family Environment Scale. Reductions in youth conduct disorders, aggressiveness, and emotional problems, such as depression, were demonstrated using the Achenbach (1991) Child Behavior Checklist.

Research indicates similar results with several different ethnic groups. Because of these positive results in culturally modified adaptations of SFP, the program has been selected by NIDA as the only family program disseminated in the *Technology Transfer Program Packets on Prevention.* In addition, a videotape, *Coming Together on Prevention,* describes the program for Hispanic families in Denver, CO, and its impact.[1]

CSAP Replication Studies

Because of SFP's positive results, agencies in five States succeeded in attracting demonstration/evaluation research funding from CSAP. These five grants involved eight different community agencies serving high-risk families. The studies included the Alabama State Department of Mental Health and Mental Rehabilitation study of low-income, African American, drug-using mothers in rural Alabama and the Detroit City Health Department's study of inner-city African American drug abusers. Both studies documented positive results (Aktan, 1995; Aktan, Kumpfer, and Turner, 1996; Kumpfer, Molgaard, and Spoth, 1996). Additional

[1] The videotape can be ordered from the National Clearinghouse on Alcohol and Drug Information (NCADI) or online from www.health.org.

studies demonstrated similar improvements among low-income Hispanic families from housing complexes in Denver, CO (Kumpfer, Wamberg, and Martinez, 1996); Asian/Pacific Islanders and Hispanic families in three Utah counties served by four agencies (Harrison, Proskauer, and Kumpfer, 1995); and Asian/Pacific Islander families in Hawaii (Kameoka and Lecar, 1996). A study of one SFP that was linguistically and culturally modified for high-risk French Canadian families and funded by the Canadian Government is complete, and a new culturally modified SFP for English-speaking families in Canada and Australia has been developed and implemented.

African American SFP Results

Rural African American SFP

The Alabama SFP program was implemented in Selma, AL, by the Cahaba Mental Health Center. In a quasi-experimental, CSAP-funded study involving a pretest, posttest, and 1-year followup, researchers compared low-drug-use families whose use was limited to alcohol with high-drug-use families that used both alcohol and illegal drugs. Sixty-two families participated in the program, and 51 families (82 percent) completed at least 12 of the 14 sessions. Pretest and posttest comparisons of the two experimental groups revealed significant reductions in family conflict in high-drug-use families and increased organization in low-drug-use families (Kumpfer, 1990, 1991a). One unexpected benefit of the family program was that even without substance abuse treatment, high-drug-use mothers significantly reduced their substance use as measured by a composite index of the quantity and frequency of alcohol and drug use over a 30-day period.

By the end of the program, the children of high-drug-use mothers were rated as significantly improved on both the internalizing and externalizing scales and on all subscales, except the subscale that measures communicativeness. Children of low-drug-use mothers improved only on the clinical scales for which they manifested relatively higher scores on the intake pretest, namely obsessive-compulsive behavior, aggression, and delinquency. These results suggested that SFP was effective in reducing maternal reports of children's problem behaviors when the children showed problems in the clinical or subclinical diagnostic range on the intake measures before the program began. SFP was equally effective with mothers of every education level in improving their parenting style and the behavior of their children.

Because this study used a quasi-experimental comparison group design without a randomly assigned, no-treatment control group, it is impossible to determine whether these positive results can be attributed to SFP participation. However, the results are consistent with the positive findings of other studies of diverse populations.

Urban African American SFP

The SFP for African American parents developed for the State of Alabama was modified for use in the 12-session Safe Haven Program in Detroit, MI (Kumpfer, Bridges, and Williams, 1993). Parents in substance abuse treatment were invited to volunteer for the program. Fifty-eight families met the program completion criteria of attending 10 of the 12 SFP sessions, and the average completion rate was 82 to 86 percent after 3 cohorts finished the program (Aktan, 1995). The results indicated that SFP had a significant positive impact on the participating families (Aktan, Kumpfer, and Turner, 1996), including a marked increase in family cohesion in the total sample and decreased family conflict in the low-drug-use sample. The families reported spending more time together and participating in more parent-child activities.

Parents reported decreases in drug use, depression, and use of corporal punishment and an increase in their perceived effectiveness as parents. According to parental reports, children's behavior problems decreased significantly in aggression and hyperactivity and approached a significant decrease in delinquency. Significant pretest to posttest improvements in other behavioral problems—school-related difficulties, general psychological and emotional problems, and more specific measures of depression, uncommunicativeness, obsessive-compulsive tendencies, social withdrawal, and schizoid tendencies—were found only among the children of high-drug-use parents. Parents in both the high- and low-drug-use groups reported that their children had more bonding experiences at school and spent more time on their homework. These parental reports matched trainer reports on behavioral improvements in the participating families.

Utah Community Youth Activity Project Research

The Utah State Division of Substance Abuse implemented a quasi-experimental pretest, posttest, and 3-month followup study comparing the effectiveness of the 14-session SFP with an 11-session parenting program (Communities Empowering Parents Program) that did not include the family skills component. The study was implemented in three counties in Utah with CSAP funds. Researchers recruited 421 parents and 703 high-risk youth (ages 6 to 13) to attend one of the two programs. Sixty-nine percent of the families were ethnic minorities, including Asian/Pacific Islanders, Hispanic, and American Indians. Completion of the pretest program was very high, averaging 85 percent across the three county sites. Unfortunately, because of a lack of completion incentives, only 203 parents and 448 youth completed the posttest.

Analysis of the pretest and posttest change scores in Utah suggested significant improvements in family environment, parenting behaviors, and children's behavior and emotional status. Although

the comparison program also yielded positive results, they were less significant (Harrison, Proskauer, and Kumpfer, 1995).

In a 5-year followup study of participants in the three-county Utah Community Youth Activity Project/SFP study (Harrison, Proskauer, and Kumpfer, 1995), 87 families were interviewed confidentially. The results suggested that SFP had a long-term positive impact on members of the subsample families (Kumpfer, Molgaard, and Spoth, 1996). A majority of families were still using skills they had learned years earlier in SFP. Ninety-seven percent of the families were "catching their children being good," 99 percent believed they were giving clear directions, 95 percent used reasonable consequences, 84 percent improved their problem solving with children, 94 percent enjoyed each other more, and 85 percent scheduled regular family playtime. Most important to the continued success of the family program, 62 percent of all families interviewed continued family meetings up to 5 years after participating in SFP. Family meetings bring parents and children together weekly to discuss family issues, schedules, children's chores and responsibilities, and plans for enjoyable family activities. The parents reported fewer family problems, reduced stress-conflict levels, more family fun, and greater expression of positive feelings.

The Strengthening Hawaii Families Program

The Coalition for Drug-Free Hawaii has revised SFP to be more culturally appropriate for Hawaiian Asian/Pacific Islanders. The Strengthening Hawaii Families (SHF) Program has a 20-session curriculum that emphasizes awareness of family values, family relationships, and communication skills. A 10-session family and parenting values curriculum precedes the 10-session SFP family management curriculum to increase parental readiness for change. The revised curriculum covers topics such as connecting with one another, using caring words, building generational continuity, appreciating culture, communicating, ensuring honesty, making choices, building trust, expressing anger, and developing problem-solving, decisionmaking, and stress management skills. Audiotapes and videotapes accompany the new curriculum manuals.

An independent evaluation was conducted (Kameoka, 1996) using a quasi-experimental, pretest-posttest, nonequivalent control group design to evaluate the effectiveness of hypothesized outcome variables on program objectives. The original 14-session SFP was implemented in 4 sites and compared with the 20-session, culturally revised SHF program implemented in 9 sites. The measurement battery, which was culturally modified by altering words and expressions not common in Hawaii, included several different assessment instruments.

Because of SFP's high attrition (48 percent) and the lack of risk-level equivalence between the SFP and SHF groups, results of the outcome comparisons must be interpreted with caution. The sample size was small, the population was low drug users, and the curriculum was adapted to a value-based versus a social learning/social skills curriculum. The evaluator interpreted the SHF program as an educational program designed for families not in treatment or therapeutic programs. Participants receiving professional mental health services were eliminated from the data analysis to reduce bias due to their clinical status.

The outcome evaluation results indicated that both SFP and SHF programs attained the goal of strengthening family relationships and produced significant improvements in areas such as family conflict, family cohesion, and family organization. Only the original SFP resulted in statistically significant ($p<0.01$) improvements in attitudes and ability to reward positive behavior. Treatment and nontreatment groups differed significantly on parenting attitudes toward physical punishment. The mean posttest for the nontreatment group was 1.66, compared with 2.39 for the treatment group on this variable. Because of low numbers and high variance, however, this positive result can be reported only as a nonsignificant trend. Similarly, the original SFP resulted in a larger mean decrease from pretest to posttest in parental depression compared with the culturally modified SHF. Because of its larger sample size, which gave more power to the analysis, however, only SHF produced a statistically significant result. Even with a smaller sample size, SFP was more effective in improving children's mental health by reducing their hostility, depression, anxiety, somatization (psychological distress manifested in physical symptoms), interpersonal problems, phobias, and paranoia. The SHF program, in contrast, had a positive impact only on hostility, paranoia, and depression. Substance use decreased for SFP parents, siblings, and children but increased significantly for SHF children and nonsignificantly for SHF parents. It is not clear why the original SFP was more effective than the culturally tailored SHF. The shift from a behavior- to a values-based program may have decreased the emphasis on behavior change.

The Strengthening Hispanic Families Program

The Denver Area Youth Services (DAYS) in Denver, CO, modified the Strengthening Families Program for greater effectiveness with Hispanic children and families in several inner-city housing projects. This 5-year program with high-risk youth, funded by a grant from CSAP, was recently completed. Preliminary results suggest that the program was successful in attracting and maintaining high-risk families in SFP.

SFP and a child-only Basic Prevention Program (BPP) comparison intervention were implemented with 311 participants. Twenty-five percent of referrals came from schools and other community agencies, and 75 percent came from DAYS' aggressive outreach efforts in housing complexes. The children ranged in age from 5 to 12. One major success of this program was its high completion rate of 92 percent, which was based on two criteria: attending at least 70 percent of the sessions and participating in the graduation ceremony to receive a certificate of completion (Kumpfer, Wamberg, and Martinez, 1996).

Retention was an integral part of the followup design; 87 percent of families completed the 6-month followup, and 75 percent completed the 1-year followup. A relatively low level of risk factors is being reported for these children, possibly because, unlike the original NIDA research or Alabama, Michigan, and Utah studies, this program was not targeted to children of substance abusers. Also, families often underreport problems at the pretest stage

because they are unsure about the confidentiality of the information they provide (Kumpfer, 1991a). Baseline data suggest that the greatest increase in exposure to tobacco, alcohol, and other drugs occurs in these Hispanic children at age 8 or 9. As in the Utah studies, many of the Hispanic children (33 percent) reported being sad or depressed, and 28 percent said they have thought about hurting themselves or committing suicide. As many as 20 percent of these elementary school children were having difficulties adjusting to school, and 44 percent had been involved in fistfights.

The levels of satisfaction and perception of usefulness reported by children and parents in each of the two comparison programs were almost identical. Parents rated SFP slightly higher in almost all categories, but they rated BPP about 20 percent higher than SFP on the variables of helping children do better at school and making friends. The children considered both programs equally useful.

The Iowa Strengthening Families Program

The Center for Family Research in Rural Mental Health at Iowa State University selected SFP for a clinical research trial targeting 10- to 14-year-old youth and their families in 19 economically disadvantaged counties in rural Iowa. SFP was modified to place greater emphasis on youth resiliency (Kumpfer, 1994b; Richardson et al., 1990). The modified program focused on protective factors associated with seven basic resiliency characteristics in youth (optimism, empathy, insight, intellectual competence, self-esteem, direction or purpose in life, and determination or perseverance) and seven coping or life skills (emotional management skills, interpersonal social skills, reflective skills, academic and job skills, ability to restore self-esteem, planning skills, and life skills and problem-solving abilities).

Thirty-three schools were selected on the basis of the high percentage of families participating in free or reduced-price school lunch programs. The true experimental design randomly assigned each school to one of three conditions: (1) Iowa Strengthening Families Program (ISFP), (2) Preparing for the Drug-Free Years (Hawkins, Catalano, and Miller, 1992), a five-session youth and family program; or (3) a minimal-contact control condition. Families in the control condition received four Cooperative Extension Service leaflets that provided information on the developmental changes of preteens and teens in physical, emotional, cognitive, and relational domains.

To facilitate universal implementation among families of all sixth graders, the number of sessions was reduced from 14 to 7. The standard SFP content and format were used, including separate parenting and youth sessions for the first hour and a family session for the second hour. A total of 161 families, including 114 families that completed an inhome pretest assessment, participated in 21 SFP groups at 11 different schools. Approximately 94 percent of pretested participants completed five or more sessions, 88 percent attended at least six sessions, and 62 percent attended all seven sessions.

Outcome evaluations included the use of multi-informant, multimethod measurement procedures at pretest, posttest, 1-year, 2-year, and 3-year followup data-collection points (Molgaard, Kumpfer, and Spoth, 1994). The assessment included inhome videotapes of families in structured family interaction tasks, inhome interviews, and standardized instrument measures.

Fidelity of program delivery was randomly monitored by trained research staff who attended two sessions each of youth and parent groups. These skilled researchers used detailed checklists to guide their observations and ratings of adherence to standardized SFP content and quality of leader delivery. Analysis of the pretest-posttest followup data showed significant changes and improvements in the parents' and children's behavior, knowledge, and skills. Most important, 3 years after the program ended, substance abuse among SFP youth was still significantly lower than that of the control group counterparts. Youth in the control group also consumed greater quantities of alcohol than youth in the ISFP group (Spoth, 1998).

Suggestions for Implementation

Recruiting and Retaining High-Risk Families

Recruiting and retaining families is a challenge for any family-focused prevention program. Enlisting the support and assistance of family-serving agencies in the community has been a successful method of recruitment. Schools, local churches, drug treatment agencies, housing authorities, mental health centers, youth and social service agencies, and tribal councils are examples of groups that have supported SFP and other family interventions. Collaborative efforts with local leaders can greatly enhance the ability to contact and attract hard-to-reach families (Kumpfer, 1991a).

Retention is also an important issue for program success. An interesting program that meets families' needs and involves them in meaningful activities is crucial to retention. Parents and youth can become involved in the practical aspects of the program by bringing snacks or meals, helping with attendance, and setting up the room. Group leaders must be able to communicate and develop positive relationships with participants. Incentives, such as coupons for food or video rentals, payments for testing time, graduation gifts, prizes for completion of homework, and small gifts (e.g., pencils, pens, or stickers) for the children based on good behavior, can also enhance retention. Hawkins and colleagues (1992) found that reducing barriers to participation was a critical aspect of retention. They suggested the following:

- Provide transportation; a safe, convenient, and nonstigmatizing place for the program; and childcare.
- Increase the sense of ownership and cultural relevance by using indigenous leaders and involving parents in program modifications.
- Hold discussions on possible barriers to attendance.
- Extend personal invitations and contact participants who miss sessions.

Program Site, Location, and Group Size

The group size and location of the program are important factors to consider when implementing a family prevention program. SFP requires at least two rooms for the separate youth and parent sessions, with one room large enough to hold the combined family session. Site locations can include family support centers in housing projects, community centers, local churches, and schools. Holding the program in schools increases involvement by school personnel and enhances parent-school communication. Churches

are good locations because they are likely to have child-friendly rooms and social halls with kitchens to prepare and serve meals; they also can provide access to basic needs (e.g., clothes, housing, and food) and volunteers for childcare and meal preparation.

The developers of SFP originally determined the ideal group size to be 8 to 12 families. The SFP projects found that groups of as few as 5 families and as many as 14 families can also be effective.

Training of Facilitators

SFP can be delivered by teachers, community agency staff, counselors, or persons hired from the community who are skilled at facilitating groups of parents or children. Groups of 10 to 30 facilitators are trained for 2 days in the underlying concepts, program mechanics, recruitment and retention of families, curriculum, group facilitation, ethical situations, and role-plays. Videotapes illustrate key concepts. Participants may choose to present a portion of a session for parents or children to experience leading an SFP group with feedback from the trainer. Training typically takes place at the requesting agency. Additional consultation and technical assistance concerning program implementation and evaluation are available on a program-by-program basis.

Conclusion

The Strengthening Families Program is a powerful and comprehensive program for family change based on the most recent research. SFP has demonstrated a number of positive results, including decreased use of and intention to use alcohol, tobacco, and other drugs; a reduction in other youth behavior problems; and a lowering of risk factors. At the same time, SFP has enhanced children's protective factors by improving family relations and expanding adults' parenting skills, including parental knowledge of appropriate child-rearing, supervision, and relationship skills, and developmental expectations. A number of evaluation and demonstration projects have assessed the effectiveness of SFP for children of substance abusers, children at risk for placement outside the family because of child abuse and neglect, and low-income rural and urban parents of different ethnic groups.

The SFP program has been tested, evaluated, and replicated in a variety of settings. Positive results have been shown in inner-city Detroit, MI; rural Alabama; the islands of Hawaii; agricultural areas of Iowa; and metropolitan communities of Utah. SFP has been implemented and tested with African Americans, Hispanics, Asian/Pacific Islanders, American Indians, and rural families in low socioeconomic groups.

The Strengthening Families Program is based on the VASC Theory of Drug Abuse and the Social Ecology Model of Adolescent Substance Abuse. These models suggest that family environment is an important factor in deterring the use of alcohol and/or other drugs in youth. Improving parent-child relations should be a major goal of any prevention/intervention program.

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Additional Resources

In addition to this Bulletin, the following Family Strengthening Series Bulletins are available from the Juvenile Justice Clearinghouse (JJC):

Effective Family Strengthening Interventions. NCJ 171121.

Parents Anonymous: Strengthening Families. NCJ 171120.

Preventing Violence the Problem-Solving Way. NCJ 172847.

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Families and Schools Together: Building Relationships. NCJ 173423.

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