

Treatment Interventions to Prevention the Next Generation of Substance Abusers: Family based Approaches

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Blending Clinical Practice and
Research

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BIPPITY-BOPPITY
BEGONE!
UM, LET'S TRY THIS ONE,
ABRACA-SCRAM
...HAM, DIDN'T SEEM TO WORK...
DRAGON DRAGON GO
AWAY... HAM, WE'LL LET'S
TRY...



DASH

Why Do Family Interventions? Because Effect Sizes Average 9 x Larger (Tobler & Kumpfer, 2000)

⌘ School-based Affective	-.05	
⌘ Knowledge plus Affective	.05	
⌘ Life or Social Skills Training	.28	
☒ Average ES Youth-only Programs		.10 ES
⌘ Parent Skills Training	.31	
⌘ Family Skills Training	.82	
⌘ In-home Family Support	1.62	
☒ Average ES Family Interventions		.96 ES

Evidence-based Family Interventions Needed for COSAs

- ⌘ **Strengthening Families Program (SFP): First and most effective**
- ⌘ **Celebrating Families (New)**
- ⌘ **Nurturing Program for Addicted Parents (Some results)**
- ⌘ **Focus on Families (reduced relapse in addicted parents, but few results for children)**
- ⌘ **Combining SFP+ CF/NP**



Treatment Provider Selection Criteria



- ⌘ Criteria #1: Effective and replicated program
- ⌘ Criteria #2: Age-appropriateness
- ⌘ Criteria #3: Cultural validity
- ⌘ Criteria #4: Easy to recruit families and to implement
- ⌘ Criteria #5: Not costly (manuals, training)
- ⌘ Criteria #6: Provides on-going supervision and evaluation system for fidelity and quality assurance.

Criteria #1: Effective in Breaking the Cycle of Addiction.

Replicated program that impacts the parent, child, and the family system.

- ⌘ Prevents relapse in parent
- ⌘ Increases successful family reunification.



SFP is an Evidence-based Model Program

⌘ SFP listed as a best practice or effective program by:

- ☒ Cochrane Collaboration (Foxcroft, et al., 2003) as best substance abuse school-based program in world.
- ☒ NIDA Red Book (one of 10 programs)
- ☒ OJJDP Strengthening America's Families (1 of 7 replicated programs)
- ☒ SAMHSA Model Programs (2000)
- ☒ DoED (one of 8 programs)
- ☒ OJJDP BluePrints (one of 10 programs)

Cochrane Collaboration Meta-analysis Results

(Foxcroft, et al., 2003)

⌘ NNT SFP 10-14 vs NNT PDFY

☒ Alcohol Initiation	9	21
☒ Alcohol Use	9	22
☒ Ever Drunk	9	18

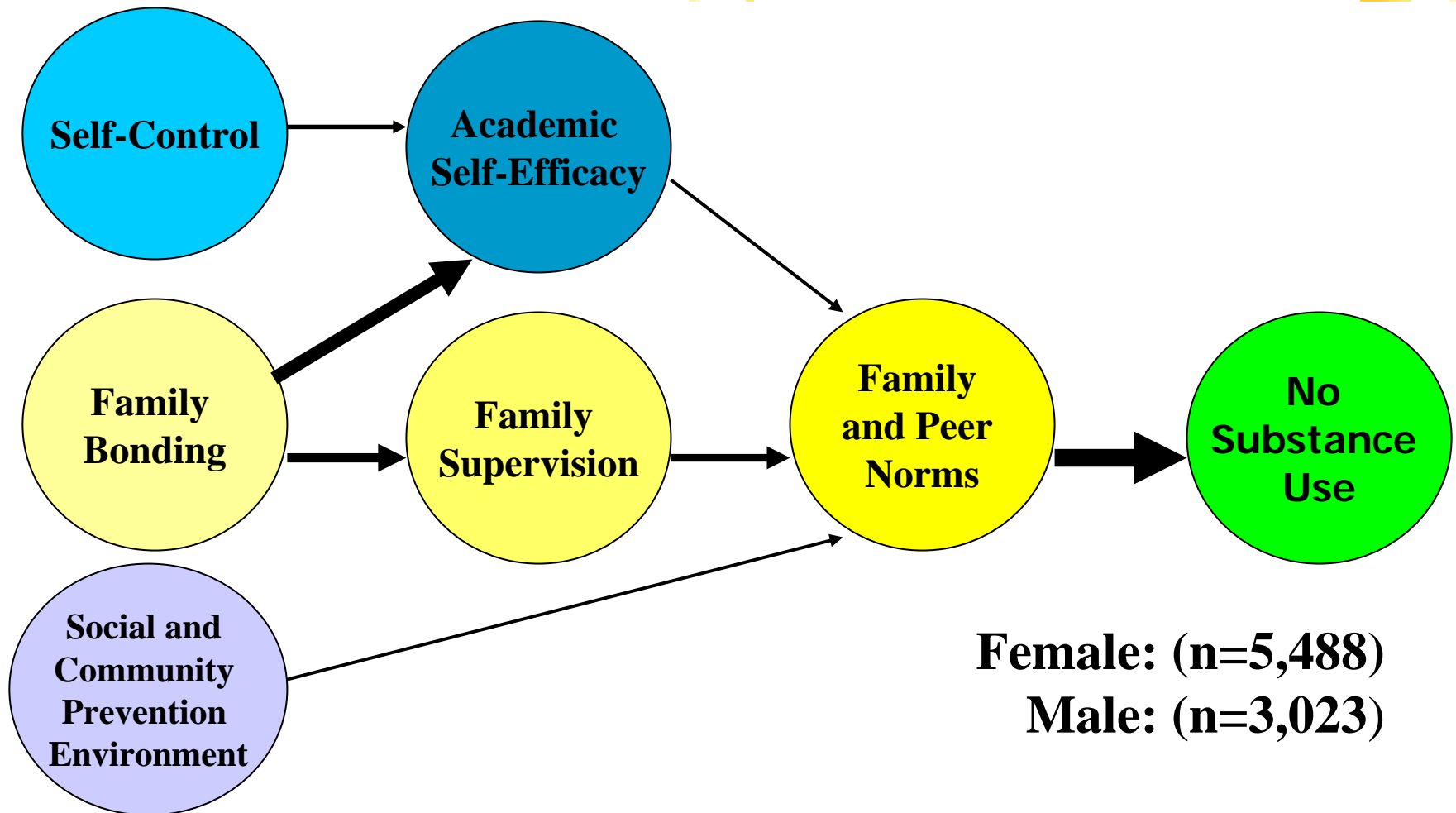
☒ NNT = Numbers Needed to Treat

Why are Family Strengthening Programs Effective?

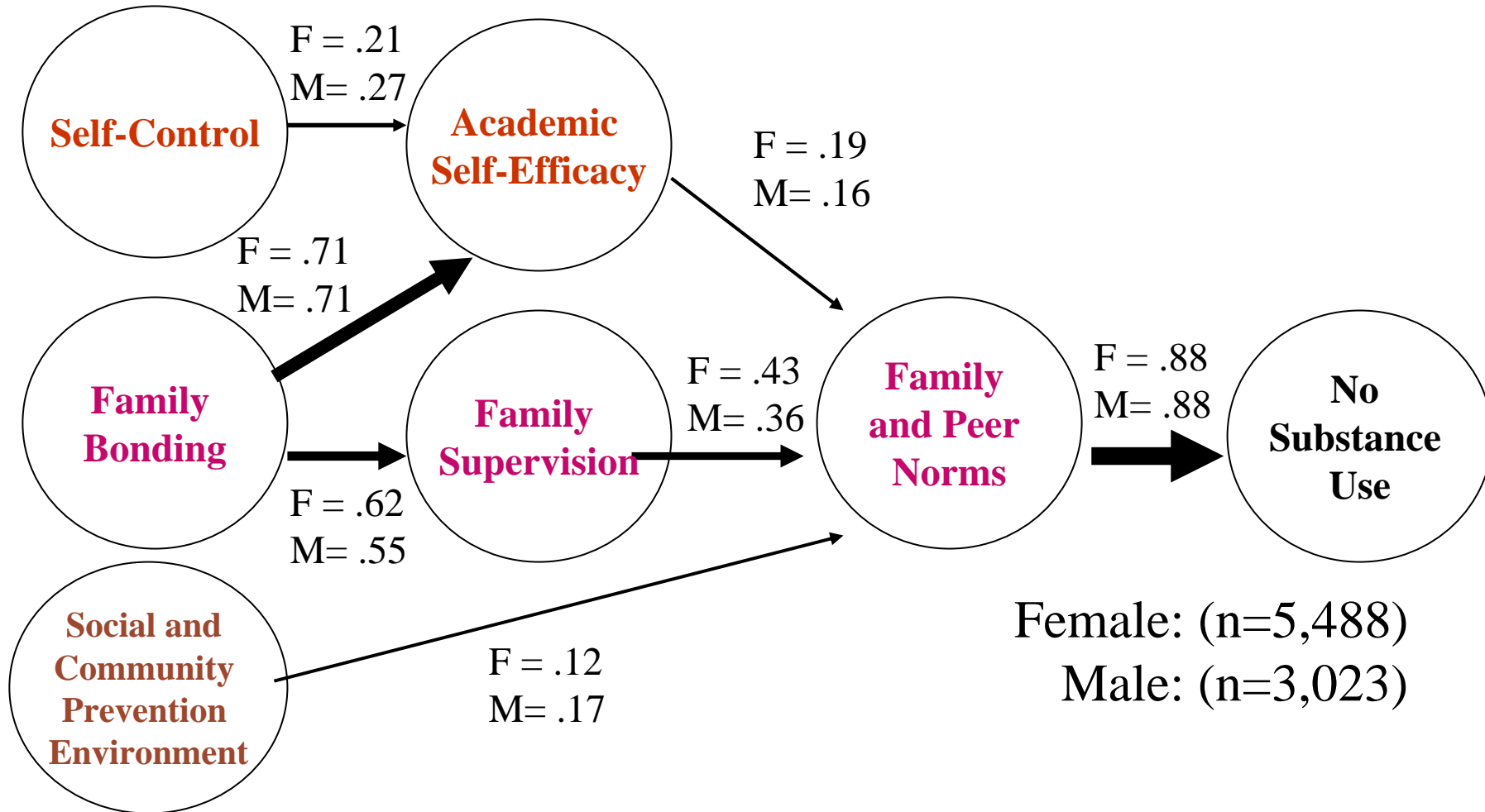
- ⌘ Sufficient Dosage Needed to Change Knowledge, Attitudes and Behaviors (14-16 sessions with 60 minute sessions for parents and children)
- ⌘ Change Family Behaviors: 30 to 60 minutes of Family Practice in groups.
- ⌘ Home Practice to increase generalizability to home
- ⌘ Behavioral Systems (charts, spinners) and Family Meetings



Family Strengthening Programs Address Major Drug Use Mediators



Pathways to Substance Use for High Risk Youth by Gender (Kumpfer, Alvarado, & Whiteside, 2003)



SFP Addresses Seven Major Resiliency Factors for COSAs

- ⌘ Happy and Optimistic
- ⌘ Caring and Empathetic
- ⌘ Wisdom and Insight
- ⌘ Smart/Intellectual
- ⌘ High Self-esteem
- ⌘ Direction, Mission or Purpose in Life
- ⌘ Determination and Perseverance (Kumpfer & Bluth, 2004)



SFP Increases Resiliency via Children's Skills Training



- ⌘ Interpersonal Social Skills: Sessions 2-3 on Speaking and Listening Skills
- ⌘ Emotional Management Skills: Coping with Anger and Depression
- ⌘ Intra-personal Reflective Skills: Coping with Criticism
- ⌘ Academic Skills: Chore Charts including completion of homework
- ⌘ Planning Skills: Purpose in Life and Spirituality
- ⌘ Problem Solving

Criteria #2: Family Program Should be Age Appropriate.

- ⌘ 1st research-based COSA family program for parents in drug treatment, but also effective with families recruited from schools, churches, community centers, family drug courts, etc.
- ⌘ Developed on NIDA grant originally for elementary school-aged children, ages 6-11
- ⌘ Age adaptations now for
 - ⊞ **Preschoolers: SFP 3-5 Years**
 - ⊞ **Elementary School: SFP 6-11 Years**
 - ⊞ **Junior high school: SFP 10-14 Years**
 - ⊞ **High School: SFP 13-17 Years**

Criteria #3: Select Culturally Valid Family Program.

SFP Multicultural Versions

- ⌘ African-American, rural and urban
- ⌘ Hispanic versions in Spanish
- ⌘ Pacific Islander version
- ⌘ American Indian versions
- ⌘ Canadian and Australian
- ⌘ New Swedish, Dutch, British, and Spanish versions being translated



International SFP Replication Studies



- ⌘ **Strengthening Australian Families 6-11:**
developed at University of Brisbane on Queensland Government funding. Tested in five sites in Queensland (Penn, Compton, & Kumpfer, 1997)
- ⌘ **Strengthening Canadian Families 6-11:**
Developed on NIAAA clinical trial by Addictions Research Foundation in Toronto. Tested in multiple sites in Ontario and Buffalo with 500 families by University of Buffalo Graduate School of Social Work. (Sayer, Dewitt, Nochaski, Kumpfer, 2003; 2004)

European SFP Replication Studies



- ⌘ Strengthening Swedish Families 10-14 Years: developed for universal families and translated into Swedish with 2 years of testing in clinical trial by Karolinski Institute
- ⌘ Strengthening Swedish Families 6-12 Years: for high risk families translated, staff trained in May 2004, and beginning pilot tests this fall
- ⌘ Strengthening Spanish Families: 13-17 Years translated into Spanish for pilot tests in drug treatment centers in Palma Mallorca and Spain.

European SFP Replication Studies (cont.)



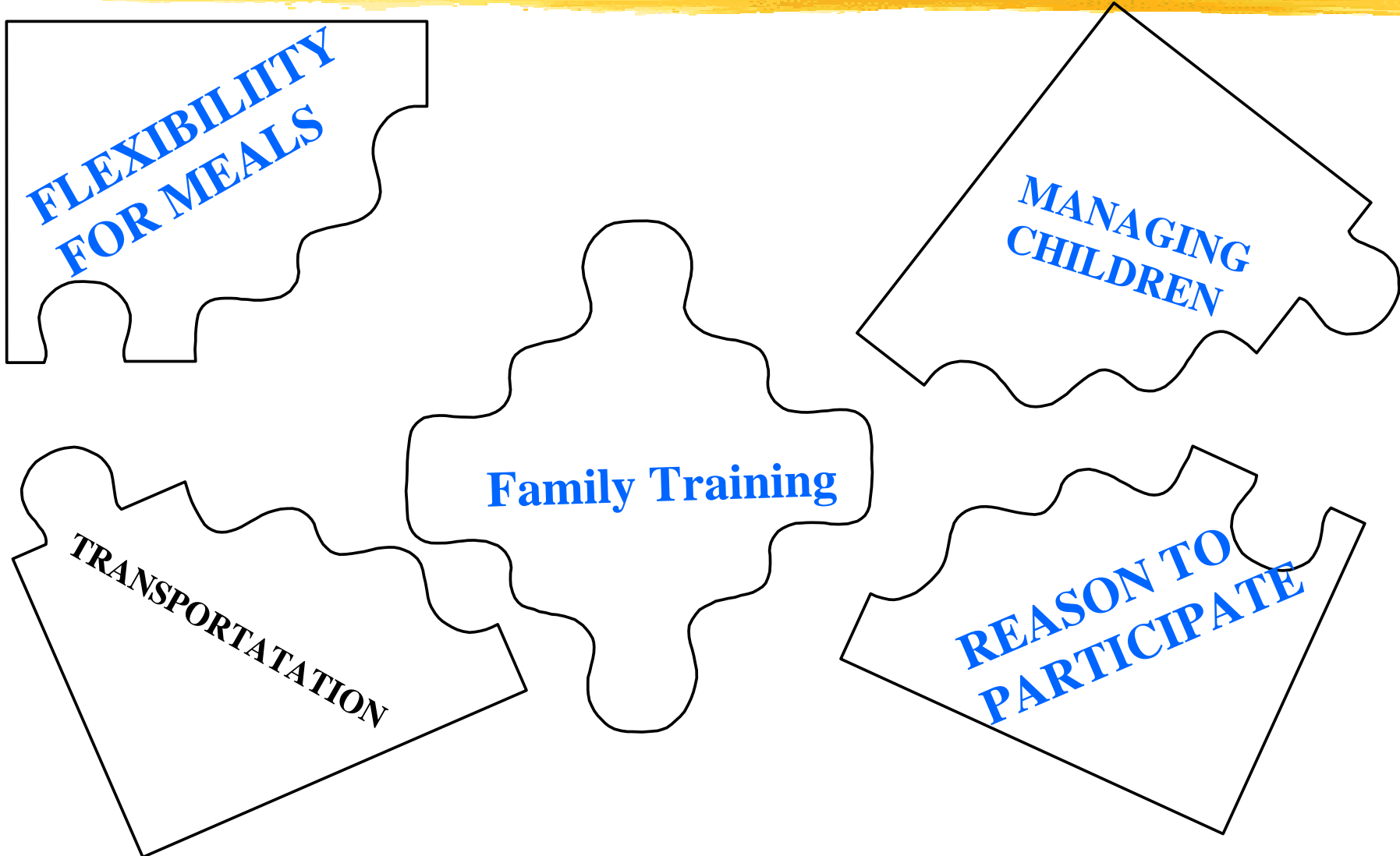
- ⌘ **Strengthening Dutch Families 13-17 Years** being translated into Dutch this fall for clinical trial for adolescents in drug treatment centers in the Netherlands by Trimbos Institute. Team of 7 trained in US. (Bool, et al., 2004)
- ⌘ **Strengthening British Families: 10-14 Years** is being pilot tested and adapted for implementation in England by Oxford University researchers with Home Office funding

Criteria #4: Easy to Recruit Families and Implement

⌘ Recruiting families (Kumpfer, 1993)

- ☑ Families hard to engage
- ☑ Want program that matches their needs
- ☑ Want culturally-sensitive programs
- ☑ Want respect
- ☑ Want all basic needs or barriers to attending removed (i.e., child care, transportation, meals, etc.)
- ☑ Want effective programs

Family Needs



**FLEXIBILITY
FOR MEALS**

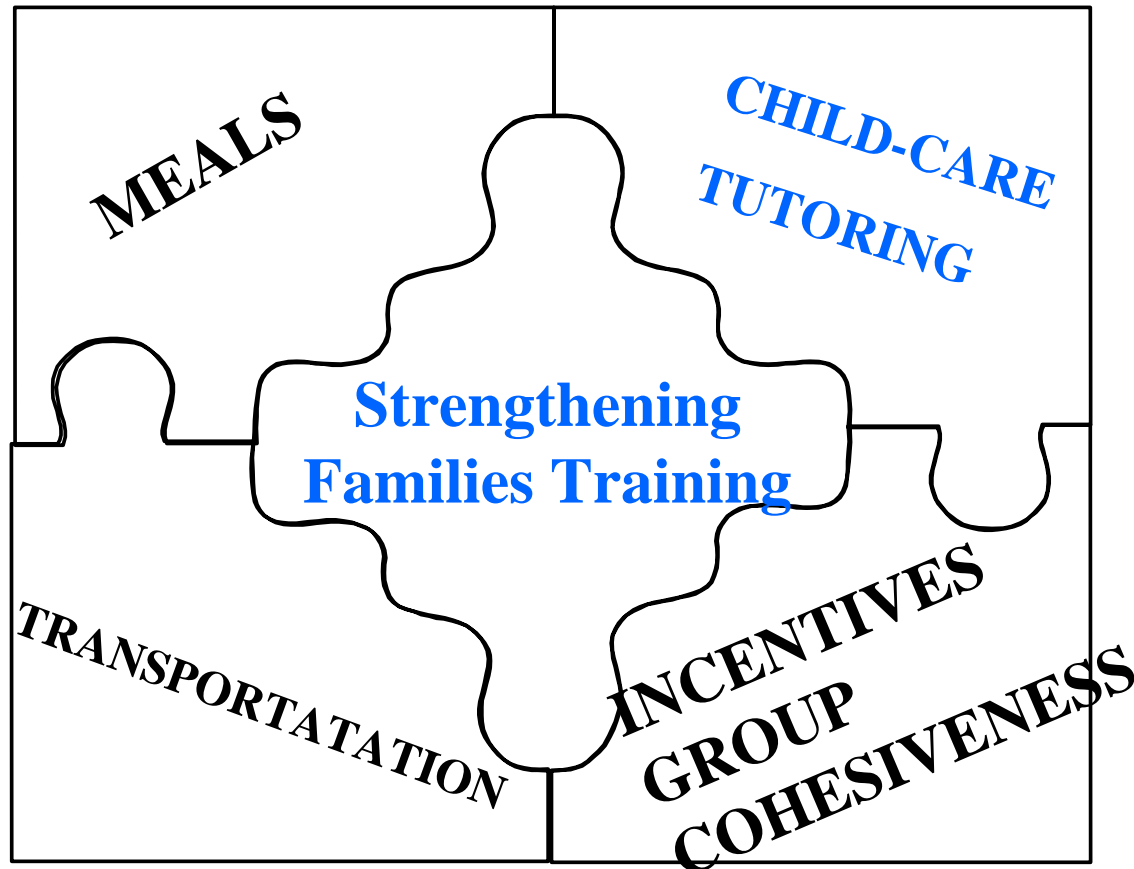
**MANAGING
CHILDREN**

Family Training

TRANSPORTATION

**REASON TO
PARTICIPATE**

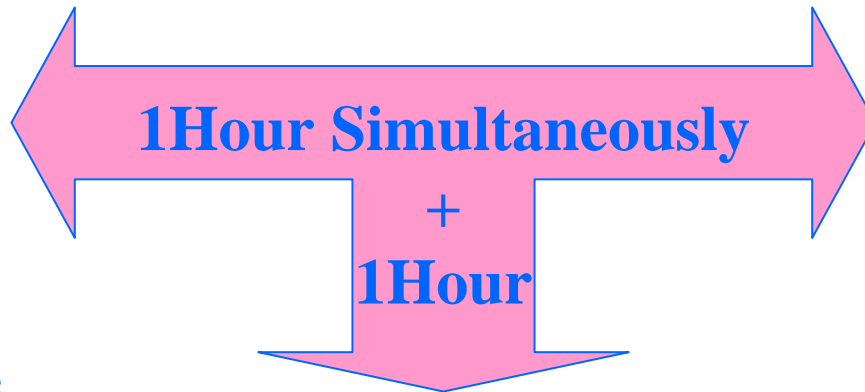
SFP Responds to Family Needs



SFP Typical Class Session

FAMILY STYLE MEAL

**CHILD
GROUP**



**PARENT
GROUP**

- Childcare

**2 FAMILY
GROUPS**

- Transportation

Criteria #5: Not Costly with Standardized Manuals

- ⌘ **Standardized Group Leader Manuals:**
Parent's, Children's & Family Groups -- including complete lessons for all classes
- ⌘ **Parent and Children Handbooks –**
worksheets, lessons
- ⌘ **Implementation Manual --** including outcome, process & fidelity checks
- ⌘ **Evaluation: Parent and Youth pre-posttests, fidelity checklists, client satisfaction survey inc. leader ratings**
- ⌘ **Culturally-specific Puppets, SFP Board Game, Charts and Spinners**

SFP Costs about \$1,500 per Family

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

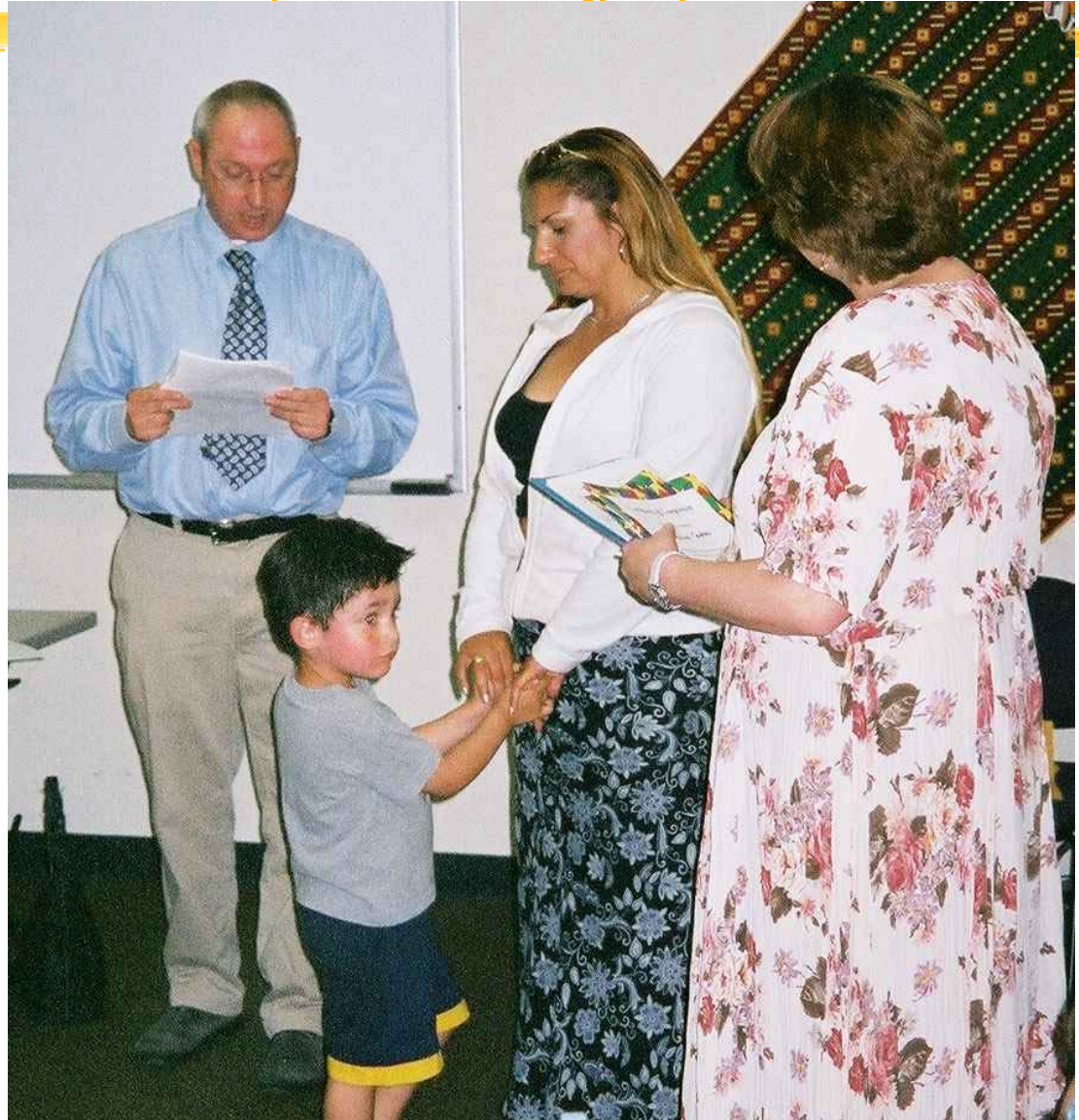
Reunion Session:

Group Leaders (4x\$20/hr. x 4 hours)	\$ 320
Site Coordinator (\$30/hr. x 10 hours)	300
Food (10 families x \$10/family)	100
Child Care (2 staff x \$15/hr. x 3 hours)	90
Incentives, supplies	<u>190</u>
	\$1,000

SFP is Cost-Beneficial

***\$7.82 to
\$9.60 saved
per dollar***

spent (Spoth,
Guyle, & Day, 2002; Aos,
et al., 2004)



Staffing Requirements



⌘ **4 Group Leaders:** 2 for Parent Group, 2 for Children's Group

⌘ **Top Qualifications for Leaders:**

☑ sincere desire to help families learn SFP

☑ personal skills: one-to-one & group

☑ understanding why and how SFP works

⌘ **Group Leaders:** mix salaried and hourly contracted staff to balance teams to include men & women, ethnicities.

Adaptations to Cut Costs



- ⌘ **Implement with only one Parent Group leader**
- ⌘ **Using volunteers or student interns**
- ⌘ **Cutting sessions: Not recommended**
- ⌘ **Getting donations for food, photocopying, and gifts**
- ⌘ **Using own space or donated space**
- ⌘ **Getting charitable organizations to sponsor graduation party**

Moderators of Positive SFP Outcomes

(Wilson, Kumpfer, & Gottfredson, 2004)



HLM analysis of 715 families in NIDA WDC SFP data found significantly greater:

- Reductions in Anti-social Behavior in higher risk children and if program **lasts the full 14 weeks**.
- Larger Increases in Social Skills in **higher risk children**.
- Increases in School Progress and Parenting Confidence if program **14 weeks vs 7 weeks** (2x week).
- Reductions in Family Conflict if a **higher percentage of content is covered**.
- Improved Social Skills if **quality of delivery higher**.

Criteria #6: Promotes Fidelity and Quality Implementation



- ⌘ **Order manuals on CD for appropriate ethnic group and age (\$250)**
- ⌘ **Arrange SFP 2-day Group Leader Training at your agency and others (up to 40 staff trained for \$2,700 plus travel for two co-trainers)**
- ⌘ **Sign up for On-line Supervision class (\$350 for 16 weeks)**
- ⌘ **Contract for evaluation (\$500 per group)**

Fidelity Tools

⌘ Fidelity Issues Addressed in Training of Group Leaders

⌘ Sample Fidelity Tools Supplied

- ☒ Group Leader Session Evaluation Form
- ☒ Session Fidelity Checklists for Observers
- ☒ Attendance and Engagement Forms
- ☒ Outcome Pre-Post Test Measures
- ☒ Client Satisfaction with Leaders rated

SFP FIDELITY AND QUALITY



Fidelity check lists by RAs support **high fidelity** by local practitioners in NIDA grant in Washington, D. C. area

- 91% of Child session covered
- 92% of Parent session covered
- 71% of Family session covered

But video tapes and site visits by program developer suggest **low to medium quality**

Recruitment - Issues

- ⌘ Overwhelmed with a Crisis
- ⌘ Competing Programs
- ⌘ Lack of Commitment
 - ☑ Research model - completing paper work
- ⌘ Mistrust
 - ☑ Feel program doesn't understand
- ⌘ Inappropriate Referral
 - ☑ Mental health needs

Recruitment Solutions

- ⌘ Make part of treatment plan
- ⌘ Implement in residential treatment or outpatient aftercare
- ⌘ Use clean up time as part of family practice
- ⌘ Family drug courts can mandate clients to attend (Phoenix, Miami, Reno, etc.)
- ⌘ Child Welfare staff can recommend

Retention Solutions



- ⌘ Have Children Come—more parents will come
- ⌘ Reminder Calls during week
- ⌘ Comment on improvements in parent and children
- ⌘ Let parents know they don't have to personally disclose
- ⌘ Promote group cohesion and friendships
- ⌘ Trainer's select two families to be "close" to during meal and practice time

Retention Rates for Universal Families in NIDA Strengthening Washington, D.C. Families Study



- Enrolled 768 families in research.
 - 70% completed post-test
 - 64% completed 6-month post-test
 - 53% completed 1-year post-test
 - No differential attrition detected by group

Attendance Higher for Family Programs vs Parent or Child Only Programs

In NIDA Washington, D.C. study attendance was low, but highest for full SFP.

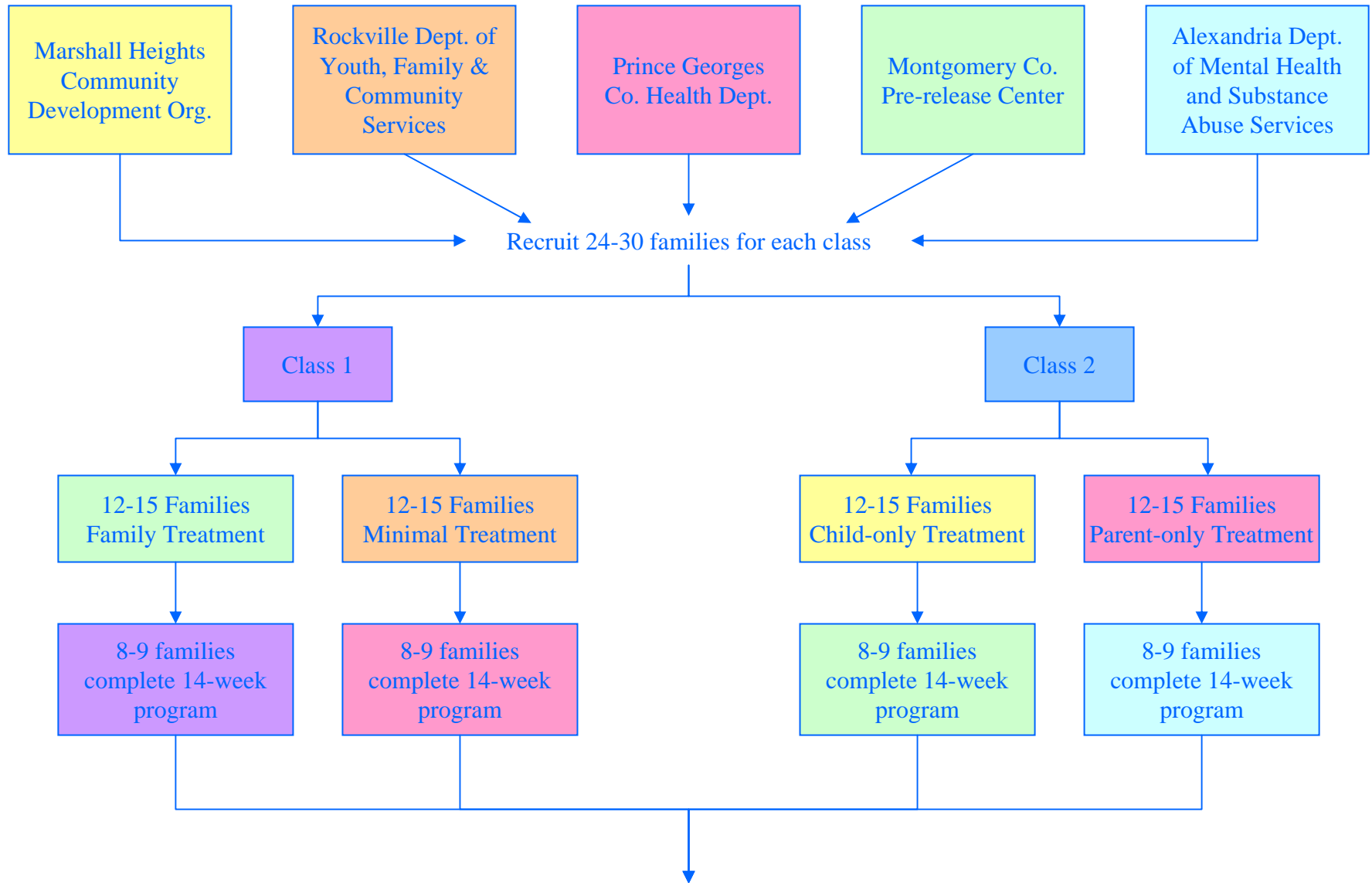
- % Attending at least one session
 - SFP Child only Group = 69%
 - SFP Parent only Group = 59%
 - SFP Family Group = 73%
- Average number of sessions attended of 14 classes
 - Child only = 8.46
 - Parent only = 7.52
 - Family = 8.35

Strengthening Washington D.C. Families NIDA Effectiveness Trial



- ⌘ 768 general population families--primarily African-American families recruited and randomly assigned to:
- ⌘ SFP Parent Training only
- ⌘ SFP Child Training only
- ⌘ Full SFP
- ⌘ Minimum Contact Control: 4 Sessions of Parenting Education
- ⌘ “Intent to Treat Model” so all families in research even if no SFP attendance

Strengthening Washington, DC Families Program Research Design



Each site will complete 9 or 10 classes over the 5-year study period, resulting in about 800 families completing the program.

Type II Errors Analysis

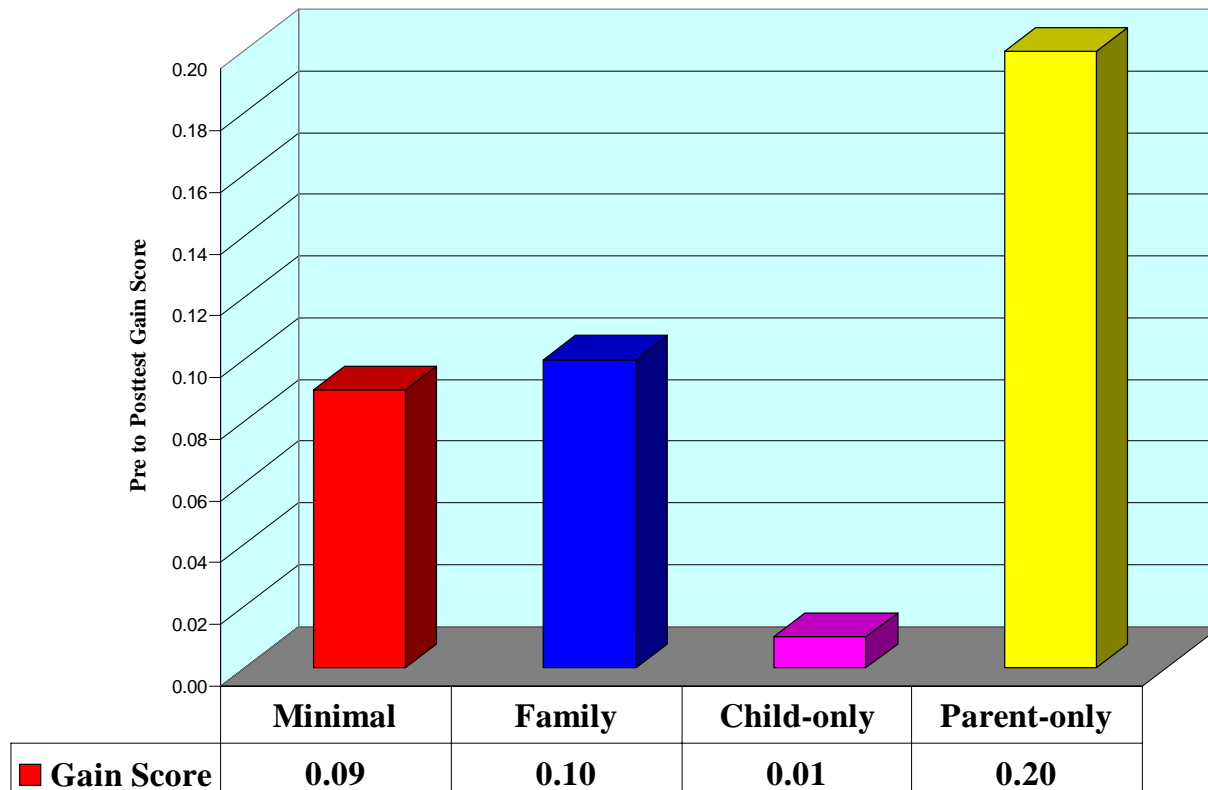
- ⌘ SFP families improved significantly on **all 11 outcome variables**, but control group also had significant improvement in 4 outcomes-WHY?
- ⌘ 4-sessions of Parenting Groups can lead to positive networking and improvements
- ⌘ No-treatment control groups had fewer improvements
- ⌘ Which is closer to reality—families don't generally get help and kids get worse.

SFP Effectiveness Year 1 Results

- ⌘ Reduce family conflict ($p < .04$)
- ⌘ Increase family order or cohesion (NS)
- ⌘ Increase children's social skills ($p < .02$)
- ⌘ Decrease child shyness ($p < .01$)
- ⌘ Decrease hyperactivity ($p < .03$)
- ⌘ Decrease conduct problems (NS)
- ⌘ Increased school performance ($p < .01$)
- ⌘ Reduced parent and child alcohol/drug use (NS except for alcohol use in parents)

Didn't Get Significant Decreases in Anti-Social Behavior: Why?

Strengthening Washington, DC Families Program



Strengthening Washington, D.C. D.C. Families Results: Child Social Skills)

Strengthening Washington, DC Families Program

