Culturally Adapting Evidence-based Strengthen Families and Improve Outcomes

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Strengthening Families Program (SFP)
Developer and Evaluator (35 countries)
Contents of Presentation

- Prevention Funding Decreasing
- Major Impact of Parents on Children
- Genetic and Family Risk and Protective Factors
- Solutions: Effective Parenting and Family Interventions
- Steps to Cultural Adaptation of EBPs
- SFP Results and DVD
Prevention budget and prevalence of drug use in 12th graders, 1981 – 2012 ($ Decreased by 50% since 2005)

NOTE: Budget for 1999 as enacted; for 2007 as requested. Prevalence data are from the Monitoring the Future study.
Strong families form the foundation of a safe and stable society.

Without enough well-educated, law-abiding, emotionally healthy children, a safe, stable society cannot continue.
When families fail, we *all* pay the price.

Parents build families by providing:

- Physical necessities
- Emotional support
- Learning opportunities
- Moral guidance
- Skills and resilience

Services can mitigate, but can never fully mend the harm to kids of failed families. The costs of failed families are enormous.
Parent Protective Influence

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

(Monitoring the Future, 2001)
Listen as Well as Talk

WE MATTER!

WHATEVER... JUST DON'T DO THIS IN FRONT OF MY FRIENDS.
Parents Matter: Connecting the Dots

- Parents and Elders are Role Models for Children
- Drug exposed children are at higher risk for addictions for genetic, epigenetic, and environmental reasons
Biological and Genetic Risk Factors (Kumpfer, 1987)

Over Stressed Youth Syndrome
(related to Type II Alcoholism due possibly to one or two short alleles of 5-HTTLPR serotonin transporter gene)

- Difficult Temperament
- Hyperactivity, Rapid Tempo
- Autonomic Hyperreactivity
- Rapid Brain Wave (Schuckit, 1986)

Decreased Verbal IQ and Prefrontal Cognitive Dysfunction

Rapid Metabolism of Alcohol

Fetal Alcohol & Drug Syndrome (Chasnoff, 2009)
Nurturing Parenting Prevents Phenotypic Expression of Inherited Genetic Risks (Jirtle, 2010; Kumpfer, Xie, & Hu, 2010)

Epigenetic research in mice demonstrates Nurturing Parenting (LG mother mouse) prevents phenotypic expression of inherited diseases, such as:

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

Hence, effective positive parenting programs are critical to reducing social and health care costs long-term.
Lack of Nurturing Parenting Can Lead to Developmental Delays
(Kumpfer, Fenollar, & Jubani, 2013)

Lack of a nurturing parent can program increased cortisol stress reactions in children resulting in—

• Less exploratory behaviors,
• Reduced cognitive development, and
• Less oxytosin binding even in later generations. (Champagne & Meaney, 2007; Champagne, 2010).
Epigenetic 5 Year SAAF (African American SFP 10-14 Years) Follow-up Study (Brody, et al., 2009, 2010; 2012; Murry, et al., 2012).

African American families of 7th graders were recruited from randomly assigned schools got Strong African American Families (SAAF) (n = 350 AA families) or minimal comparison intervention of 3 health booklets (n = 291 AA families),

Five years later researchers genetically tested students using saliva tests and identified the at risk kids with 1 or 2 short alleles of the 5-HTTLPR transporter gene.

40% of Americans carry these genes and are more likely to be impulsive and become substance abusers, depressed, and delinquent, but not if family stress is reduced.

SFP reduced substance abuse, delinquency, depression/anxiety and HIV risk by 50% five years later when kids were 18 years old
Family Environmental Risk Factors

- Family conflict or neglect
- Lack of love, care, & support
- Lack of supervision or discipline
- Lack of family customs, traditions
- Low expectations for school success
- Poor communication
- Sexual, emotional, or physical abuse
Family Protective Factors

- Love, bonding, attachment.
- Active parenting – standards, tracking, and follow-through.
- Consistent, predictable parenting.
- Parents who talk about (and live) values and expectations.
Protective Factors Leading to Positive Child Outcomes: Social Ecology Model
(Kumpfer, Alvarado, & Whiteside, 2003)

- **Self-Control**
  - $F = 0.21$
  - $M = 0.27$
  - $F = 0.71$
  - $M = 0.71$

- **Family Bonding/Nurturing**
  - $F = 0.62$
  - $M = 0.55$

- **Family Supervision**
  - $F = 0.19$
  - $M = 0.16$
  - $F = 0.43$
  - $M = 0.36$

- **Academic Self-Efficacy**
  - $F = 0.90$
  - $M = 0.92$

- **Family and Peer Norms**
  - $F = 0.88$
  - $M = 0.88$
  - $F = 0.71$
  - $M = 0.71$
  - $F = 0.62$
  - $M = 0.55$
  - $F = 0.12$
  - $M = 0.17$

- **Positive Child Outcomes**
  - Female: $(n=5,488)$
  - Male: $(n=3,023)$
Solutions for Breaking Cycle of Addictions and Impulse Control Disorders (ICDs)
Let’s Play Moneyball and Use Evidence-based Programs (EBP)

- Evidence-based Programs (EBPs) or Empirically Supported Treatments (ESTs) have positive research results.

- The best EB programs are independently replicated programs with large effect sizes.
The Great Disconnect in mid-1990s in NIH Research to Practice
Building the Bridge: The National Registry of Evidence-based Programs and Policies (NREPP) (SAMHSA, 1998 on)
Vision for the Future: Policy Makers and Practitioners

Use EBPs
Why Do Family Interventions?
Because Positive Child Outcomes are 9 Times As Effective (Effect Sizes d)
(Tobler & Kumpfer, 2000)

- School-based Affective Programs  -.05
- Knowledge plus Affective  .05
- Life or Social Skills Training  .28
  - Average ES Youth-only Programs  .10 ES
- Parent Skills Training  .31
- Family Therapy  .38
- Family Skills Training  .82
- In-home Family Support  1.62
  - Average ES Family Interventions  .96 ES
“Strong families prevent adverse outcomes: substance abuse, teen pregnancy, school failure, aggression, and delinquency.”

(Hops, et al., 2001)
UNODC International Family Skills Training Initiative

www.unodc.org

- Literature Review 500 articles
- International Expert Reviewers Meeting in Vienna, 2007
- Write Guidebook (UNODC, 2008)
- Find Model Programs: 65
- Review Research Studies
- Write Program Descriptions
- Put on 25 on UNODC Web site
Evidence-based Family Interventions
(see www.strengtheningfamilies.org)

- Only 8 Exemplary I (replicated parenting and family programs):
  - Incredible Years (3-10 years)
  - Helping the Non-compliant Child (3-7 years)
  - Guiding Good Choices (PFDY) 8-14 years)
  - Functional Family Therapy (10-18)
  - Multi-systemic Therapy (10-18)
  - Strengthening Families Program (3-16 years)
  - Treatment Foster Care (12-18)
  - Triple-P (0-18)
Family Interventions are Cost Effective

- Families Skills Training Programs average +$9.44 saved per $1.00 spent
- Juvenile Corrections approaches without family cost -$5.40 more than benefit. (Aos, et al., 2004; Spoth, Guyll & Day, 2002, Kumpfer, in press)
Family-centered Intervention
Outcomes Improve Over Time

• Whereas youth-only centered treatment or prevention have reduced outcomes in longitudinal studies; family program have improved outcomes over time.

• Improving parenting skills reduce relapse and recidivism in drugs, crime, and child maltreatment.

• Parent are less stressed and depressed.
EBPs Have All Core Components Critical for Good Child Welfare Outcomes *(CDC, Kaminski, et al. 2008)*

- Behavioral Parent Training with experiential role plays and homework
- Emphasizes increasing respect, praise, positive time together
- Teaches effective discipline and stress and anger management
- Includes Positive Practice Time of Parents with Children
Why are Practitioners Not Implementing Evidence-based Programs or Policies (EBPs) to Reduce Addictions?

- Lack of easy access to information on EBP
- EBPs can cost more
- EBPs can be more difficult to implement
- Practitioners like to make up their own interventions
- University classes only starting to teach about EBPs
Other Factors Impacting Wide-scale Dissemination

- **Training and Technical Assistance Systems needed**
  (Developers have developed training workshops, online web based supervision also possible)

- **Culturally Adapted Versions** help increase recruitment and retention 40%.

- **Court Referral Systems** to get criminally involved and drug abusing parents to attend (judges to court order families with criminal drug charges or child protective services orders).
But Do Prevention Program Work as Well for Girls as Boys?

Very few evidence-base programs do gender analyses and those that do find family skills training programs work best for girls. Why?
Family Strengthening Programs Most Effective for Girls

- List of EBPs and Percentage of Youth Prevented from Using Alcohol, Drugs, and Tobacco.
- Strengthening Families Program (SFP) best
- Adolescent Transitions Program (ATP) next best.
- CASA Start (in home visitation program) was third highest, but gets negative results for girls.

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<tr>
<th>Program</th>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Drugs</th>
<th>Tobacco</th>
<th>Source</th>
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<td>Across Ages</td>
<td>9.9%</td>
<td>-12.9%</td>
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<td>Adolescent Transitions</td>
<td>14.4%</td>
<td>-12.9%</td>
<td>1.9%</td>
<td>12.0%</td>
<td>Aos et al., 2004</td>
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<td>CASA Start</td>
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<td>8.6%</td>
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<td>Child Development Project</td>
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<td>4.1%</td>
<td>3.1%</td>
<td>0.0%</td>
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<tr>
<td>Family Matters</td>
<td>6.9%</td>
<td></td>
<td></td>
<td>6.1%</td>
<td>Aos et al., 2004</td>
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<tr>
<td>Good Behavior Game</td>
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<td></td>
<td></td>
<td>4.9%</td>
<td>Aos et al., 2004</td>
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<tr>
<td>Guiding Good Choices</td>
<td>8.2%</td>
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<td>Project PATHE</td>
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<td>Aos et al., 2004</td>
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<td>Skills, Opportunities, and Recognition (SOAR)</td>
<td>8.4%</td>
<td>2.4%</td>
<td>0.4%</td>
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<td>Social Competence Promotion</td>
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<td>Hansen et al., 2004</td>
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<td>Strengthening Families</td>
<td>18.0%</td>
<td>15.4%</td>
<td>10.3%</td>
<td>7.3%</td>
<td>Aos et al., 2004</td>
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UNODC Prevention Program
Survey Results for Girls
(Kumpfer & Magelhaes, 2013a)

• Using EBP lists and literature reviews, we surveyed all EBP Prevention Programs worldwide to ask about gender analyses

• Despite frequent reminders to program developers only 19 reported any gender sub-group analyses

Results showed:
12 School-based Programs for Youth only
  – 10 better for boys and 2 better for girls (SMART &
  – ALERT) 1 Keep’in it REAL no differences

• 7 Family-based Programs
  – All no differences, so works for girls too
  – Except CASASTART with negative impact on girls

• 19 Total Prevention Programs
### Nine Family-based Programs
(all but one report good for girls)

<table>
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<tr>
<th>FAMILY-BASED PROGRAMS</th>
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<tbody>
<tr>
<td>Strengthening Families Program 3-16 Years (Magalhães, 2013 Kumpfer, et. al. 2013)</td>
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<td>Family Matters</td>
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<td>Karl E. Bauman, Vangie A. Foshee, Susan T. Ennett</td>
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<td>the Creating Lasting Family Connections® Marriage Enhancement Program</td>
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<td>Ted N. Strader</td>
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<td>Multisystemic Therapy for Delinquents and Substance Abusing Youth (Liddle,</td>
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<td>Multidimensional Treatment Foster Care (Chamberlain)</td>
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<td>X</td>
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<tr>
<td>Al’s Pals: Kids Making Healthy Choices</td>
<td>X</td>
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<tr>
<td>CASASTART</td>
<td></td>
<td>X</td>
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<td></td>
<td>X</td>
<td>Behavioral outcomes (small effect)</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Negative effect for girls</td>
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</tbody>
</table>

Negative effect for girls (small effect)
Steps to Implementing Culturally Adapted EBPs (Kumpfer, et al., 2008; UNODC, 2009)

1. Conduct Needs Assessment including:
   1. Surveys of Parent, Youth and Teachers or
   2. Existing Archival Information
   3. Key Leaders

2. Research family EBPs and select best program considering:
   1. age,
   2. ethnicity, and
   3. risk level of families (e.g., universal, selective or indicated prevention approaches and one with largest effect sizes).

3. Create a cultural adaptation team including family members and developer
Step #1: Needs Assessment
UNODC Iran Example

40 workshops
1200 people participated

Participants:
✓ Ninth grade girl students
✓ Ninth grade boy students
✓ Fathers and Mothers of students
✓ Teachers of students in Jr. high schools
Parents’ Questions:

1. What type of problems do you have with your teen?
2. How do you deal with each problem?
3. Do you have any questions that you would like to ask a psychologist?
4. What types of skills do you think you need for raising a teen?
Step #2: Select Best EBP based on Needs Data and Local Considerations:

- Cost of Program?
- Cultural considerations (OK to culturally adapt?)
- Political and Religious issues
Step #3: To Make SFP Culturally-sensitive and Politically safe Create Review Team of:

Different Government organizations,

* Ministry of Education,

* Iran Drug Control Headquarters,

* Prominent Clergy and Policy Makers

were involved throughout the process.
Steps to Cultural Adaptation of Evidence-based Programs (EBP)

4. Translate curriculum and training materials into local language and do minor cultural adaptations,

5. Change graphics, stories, songs to reflect the new culture,

6. Remove obvious culturally inappropriate material (e.g., look at person when speaking),

7. Implement basically “as is” with minimal adaptation at first,

8. Do not remove core content or shorten,
Step #4 to 8: Translation and Minor Cultural Changes

- A university psychologist and professor headed the translation team
- A prominent clergyman read the scripts.
- Additions were made according to his suggestions.
- Examples, stories, cases, & film scripts were written according to their own issues and problems.
- Produced their own SFP Iran DVD recently
Drawings were developed contemplating Iranian families and their dress code.

One very unique issue was that men and women can’t be in the same parenting groups, so had to run separate father and mother groups and graphics to match.
Steps to Cultural Adaptation of Evidence-based Programs (EBP)

9. Have implementers from local culture who make gradual changes based on what works (culturally appropriate language, stories, songs).

10. Continuously make additional cultural adaptations and add to curriculum with program developer’s approval.

11. Continuously conduct process and outcome (pre-and post-test) evaluations of cultural adaptations.

12. Disseminate the culturally adapted version to similar cultural groups, if effective.
Step #11: Local Process and Outcome Evaluations of Culturally Adapted SFPs show excellent results in

* All US states
* American Indian tribes
* Canada
* Europe
* Balkans
* Asia
* Australia
* Mexico
* Central/So. America
* Middle East?
SFP Cultural Adaptations

- African-American, rural and urban
- Pacific Islander version
- Canadian version
- Australian version
- American Indian versions
- 35 countries (UNODC and PAHO) including Swedish, Norwegian, Dutch, UK, Irish, Italian, Greek, Portuguese, French, Thai, Chinese, Burmese, Persian, German, Russian, Slovenian, Serbian, Croatian, Bosnian, Spanish for Central and South America, etc.

Culturally adapted versions got results similar to standard versions, but 40% better recruitment, retention. Key: recognition, respect for identity.

SFP course materials are culturally sensitive; delivery of SFP is always meant to be culturally specific.
Steps to Cultural Adaptation of Evidence-based Programs (EBP)

13. Support the new country to develop its own training and dissemination system through capacity building,

14. Pick out implementers from the new culture who are “true believers” and have the personal charisma to be trainers of other implementers,

15. Co-train with them until they can run their own training workshops,

16. Support grant writing and funding development efforts for new program, and

17. Support web-site development, new videos.
Step #13 to 17: Broad Dissemination with own Training Teams in

* USA LutraGroup, Ahearn Greene Associates
* American Indian tribes
* Europe
  Ireland, Spain, UK, Germany, Poland, Italy
* Asia-Thailand, China, Burma/Myanmar
* Central/So. America (PAHO)
The Strengthening Families Program (SFP)
Development of SFP

SFP: Important Points

- SFP is **therapeutic**, but not **Therapy**; personal disclosure is **not** required.
- Strong families reduce risk for **many** risky behaviors in children & teens, not just ATOD.
- SFP makes family life less stressful and more rewarding for parents under stress.
- SFP is delivered by schools, faiths & community agencies for voluntary, referred, required and mandated families.
SFP: Important Points

- SFP is three *skills* courses: Parenting, Kid’s/Teen’s, & Family Skills.

- SFP skills are for *all* families; they are *not* special skills for struggling families.

- SFP does make learning life skills easier for high stress families.

- For SFP a “family” is one or more adults responsible for one or more children; a “parent” is an adult with that responsibility.
SFP Session Plan

FAMILY STYLE MEAL

First Hour Simultaneously + Second Period

CHILD/TEEN GROUP
2 Leaders

FAMILY GROUP or GROUPS

PARENT GROUP
2 Leaders
SFP Course Materials

• **3 Group Leader Manuals:**
  Parent’s, Child’s/Teen’s & Family Groups -- including complete lessons for all classes

• **2 Handbooks or Handouts:**
  Parent’s and Child’s/Teen’s – worksheets, etc.

• **1 Implementation Manual** -- including outcome, process & fidelity checks

• **Handouts** are also included, chapter by chapter, in **Group Leader Manuals**

• **Evaluation Instruments and Forms**
SFP12-16: Parents’ Class

• 1. Introductions and Group Building
• 2. What Teens Can Do & How to Manage Stress
• 3. Encouraging Good Behavior
• 4. Goals and Objectives
• 5. Communication for Better Relationships
• 6. Communication and Family Meetings
• 7. Helping Your Teen Handle Peer Pressure
• 8. Alcohol, Drugs and Families
• 9. Solving Problems and Giving Directions
• 10. Relationships, Love and Sexuality
• 11. Setting Limits I
• 12. Setting Limits II
• 13. Contracts for Changing Behavior
• 14. Building on your Successes
Children’s Social Skills

1. Hello and Group Rules
2. Speaking Skills
3. Listening Skills
4. Secret Rules of Success
5. Saying “No” to Trouble
6. Reflective Listening
7. Communicating Clearly
8. Alcohol, Drugs and the Family
9. Problem Solving
10. Introduction to Parent’s Game
11. Recognizing Feelings,
12. Dealing with Criticism
13. Coping with Anger
14. Community Supports, Graduation
Family Skills Training

1. Dreams and Goals: Treasure Maps
2-3. Child’s Game, Positive Play
4. Goals and Objectives
5. Making Chore Charts and Spinners
6. Family Meeting Practice
7. Family Game: Active & Reflective Listening
8. Alcohol, Drugs and the Family
9. Problem Solving Game
10-12. Parent’s Game Practice
13. Review/Graduation Preparations
14. Graduation
Group Leaders

- **Top Qualifications for Group Leaders:**
  - sincere desire to help families
  - personal skills: one-to-one and in group
  - understanding why and how SFP works
- **4 Group Leaders:** 2 for Parent Group, 2 for Kids’/Teens’ Group = 4 for Family Group(s)
- **Balance Group Leader teams** to include men & women, ethnicities; for balance, consider using both staff and hourly contracted group leaders.
Research on SFP
SFP is an Evidence-based Model Program

• SFP listed as a best practice or effective program by:
  – 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 (Foxcroft, et al., 2003) as best substance abuse school-based program in world.
Strengthening Families Program Research Results

- NIDA (1982-1986) clinical trial research, 12 RCTs (8 independent RCTs by Spoth, Gottfredson, Brody, Murry, and Coatsworth), and 15 SFP CSAP-funded culturally adapted replications of found positive results in:
  - Improved parenting knowledge & skills
  - Improved family relationships
  - Improved children’s social skills and behavior
SFP Results: Parent

- Increased parenting efficacy
- Increased parenting skills
- Increased marital communication
- Decreased stress
- Decreased depression
- Decreased alcohol & drug use
SFP Family Results

- Decreased family conflict
- Increased family bonding
- Increase positive communication
- Increased family organization—family meetings, chores done
- Improved parent/child relationship
- Increased family strengths and resilience
SFP is the Most Effective ATOD Prevention Program
(SAMHSA, Miller and Hendrie, 2008; Foxcroft, et al. 2003)

Percent of Youth Prevented from Using—
Strengthening Families Program vs Life Skills

– 18% vs. 1% alcohol
– 15% vs. 3% marijuana
– 10% vs. 3% other drugs
– 7 % vs 7% tobacco
SFP 10-14 Positive Results in Reduced Alcohol Initiation

Alcohol Initiation Index Trajectories for SFP 10-14 vs. No-tx Control
SFP Prevents Mental Health Problems: 10 Year Iowa SFP (10-14) Follow-up:

• 300% reduction in depression
• 280% reduction in social anxiety
• 260% reduction in phobias
• 220% reduction in anti-social personality

• Not a single young adult (up to 23 years of age) had used meth compared to 3.2% in the control schools
Outcomes Larger in New Jersey Local Agencies than SFP RCTs: Very Positive Child Outcomes

(Kumpfer, Greene, Whiteside & Micalli, 2008)

75 agencies over 5 years, (n = 1,800 families) found effect Sizes (d’) large for Child Decreases in:

- Covert Aggression  
  (p.<.000, Effect Size = 1.56)
- Overt Aggression  
  (p.<.045, ES=.59)
- Shyness  
  (p. <.000, ES=1.55)
- Depression  
  (p. <.000, ES=1.17)
- Social Skills  
  (p. <.01, ES=.35)
10-session SFP DVD
Contents and Results
“Strengthening Families Program” skills now on Home-Use DVD

- 10 video classes with downloadable handouts

Parents and kids watch together at home; pause DVD, practice skills

Print handouts off the DVD disk itself
Home-Use DVD= Systematic, fun way to teach SFP family skills

• Parents and kids watch together; pause the DVD and PRACTICE skills
• Real-life problems & solutions
• Complex relationship skills are broken down into small steps
• Downloadable handouts
  ✓ reminders of skills
  ✓ tracking behavior
• Inexpensive, effective
• Young kids love it!
* Targets Risk & Protective Factors with Research-Proven skill set to prevent youth substance use/abuse

1. BONDING/NURTURING
   (create warm, loving relationships)

2. Setting BOUNDARIES
   (clear firm rules and consequences)

3. MONITORING kid’s activities
   (see they stay in alcohol and drug-free social environment)
INTRO: Healthy Family Skills = Healthy Brain

Skills Taught:
- Eat dinners together
- Play one-on-one
- Squash the A.N.T.s (Automatic negative Thoughts)

Risk & Protective Factors
- Family Attachment
- Perceived risk of drug or alcohol use
Lesson 1: Notice & Compliment the Good Daily

**Skills Taught:**
- Notice the good
- Give “Reinforcing Compliments”
- Cease to criticize

**Risk & Protective Factors:**
- Family Attachment
- Family Bonding
- Increased Social Skills
Lesson 2: Communication & Family Meetings

Skills Taught:
- L.U.V. Listen
- Use “I-Messages”
- Banish Communication Boulders
- Assertive vs. Aggressive

Risk & Protective Factors:
- Family Bonding
- Family Attachment
- Increase in Social Skills
Lesson 3: 5-R’s Of Successful Families:

**Rules, Rewards, Responsibilities, Routines, Rituals**

**Skills Taught:**
- Make/Obey Fam. Rules
- Give Rewards
- Teach Responsibilities
- Set up Routines/Rituals

**Risk & Protective Factors:**
- Poor Family Management
- Family Attachment
- Clear Standards
Lesson 4: Set Limits & Consequences

Skills Taught:
- Use Positive Discipline
- Teach Needed Behaviors
- Give Fair Consequences
- Be Calm and Consistent
- Express Love Afterwards

Risk & Protective Factors
- Clear limits
- Positive Discipline (not lax or harsh)
- Consistent consequences
- Handle rebelliousness effectively
Lesson 5: Problem solving, Pre-problem solving, & Win-Win Negotiation

Skills Taught:
- Problem Solving
- Fair Negotiation
- Pre-problem solving (look ahead, avoid trouble)
- Practice Refusal Skills

Risk & Protective Factors:
- Problem solving
- Pre-Problem Solving to avoid anti-social behavior
- Good Refusal Skills
Lesson 6: Stress & Anger Management Skills

Skills Taught:

- Reduce Stress; Trigger own Relaxation Response
- Track Anger Triggers, ues
- Program brain with new pro-social responses

Risk & Protective Factors

- Family Conflict
- Stress management
- Increase in Social skills
Lesson 7: Goals & Contracts to Change Behavior

Skills Taught:
- Determine life’s goals and wanted behaviors
- Set-up S.M.A.R.T. Goals
- Make Contracts to change behavior; follow-up

Risk & Protective Factors:
- Parental involvement in child’s life
- Poor classroom behavior
- Low commitment to school
- Academic failure
Lesson 8: ATOD Hijack Brain’s Pleasure Center

Skills Taught:

- Recognize brain-harm of A.T.O.D.
- Parents use Bonding, Boundaries, Monitoring
- Effective Refusal Skills

Risk & Protective Factors

- Parental attitudes favorable toward alcohol & drugs
- Perceived risk of drug or alcohol use
- High ATOD resistance skills
Lesson 9: Choose Good Friends; Monitor Activities

Skills Taught:
- Identify, make good friends
- Be a good example
- Use Refusal Skills
- Monitor all kids’ activities
- Help provide healthy fun

Risk & Protective Factors:
- Parental Monitoring
- Increase in Social skills
- Bonding to peers with healthy beliefs, standards
- Interaction with Anti-social/Drug-Using Peers
Lesson 10: Values, Traditions & Service

Skills Taught:
• Teach Family Values
• Establish fun traditions
• Recognize blessings & need to give to society
• Look for ways to serve

Risk & Protective Factors:
• Opportunities for Pro-social Involvement
• Belief in a Moral Order
• Healthy beliefs, standards
• Strong neighborhood attachment

Share values, enjoy traditions, give service, be an agent for change.
U of Utah Funded Evaluation

- 8 randomized matching inner city schools (6th & 8th grades/low and higher SES); half getting new SFP 8-16 Yrs Group Classes; half Home-Use DVD only
- 58% ethnic families
- 55 DVD parents took on-line survey using same SFP standardized test (21 Parenting, Family and Child outcomes) on June 10, 2011 (first wave), and May 8, 2012 (second wave)
- Preliminary results: Home-Use DVD produced nearly equivalent outcomes for much reduced cost: $5 vs. $1,000 per family in Group Class.
**PARENTING:** 100% of the 6 Parenting outcomes improved significantly using Home-Use DVD

Medium to large effect sizes compared to larger effect sizes for SFP (8-16 yrs) Ten-Session Group Class

- Parenting Cluster: $d = .60$ vs. $.77$ (.64 SFP norms)
- Parental Involvement: $d = .47$ vs. $.73$ (.54 SFP norms)
- Parenting Supervision: $d = .63$ vs. $.77$ (.61 SFP norms)
- Parenting Efficacy: $d = .55$ vs. $.68$ (.56 SFP norms)
- Positive Parenting: $d = .53$ vs. $.67$ (.54 SFP norms)
- Parenting Skills: $d = .39$ vs. $.59$ (.47 SFP norms)
FAMILY: 100% of the 6 Family outcomes significantly improved using Home-Use DVD

Medium to large effect sizes compared to larger effect sizes for SFP(8-16 yrs) Ten-Session Group Class

Family Cohesion  $d = .46 \text{ vs. } .66$  (.51 SFP norms)
Communication    $d = .66 \text{ vs. } .72$  (.67 SFP norms)
Family Conflict  $d = .20 \text{ vs. } .40$  (.20 SFP norms)
Family Organization   $d = .70 \text{ vs. } .74$  (.68 SFP norms)
Strengths/Resilience  $d = .69 \text{ vs. } .78$  (.66 SFP norms)
Family Cluster   $d = .69 \text{ vs. } .81$  (.70 SFP norms)
SFP Home-Use DVD Outcome Evaluation

**TEEN / YOUTH:** 71% of the 6 Child/Teen outcomes significantly improved using Home-Use DVD (except Hyperactivity and Criminality; very low at pre-test)

*Medium to large effect sizes compared to larger effect sizes for SFP (8-16) Ten-Session DVD Class*

Overt Aggression \( d = .51 \) vs. \( .63 \) (\( .31=\text{SFP norms} \))

Covert Aggression \( d = .56 \) vs. \( .74 \) (\( .18=\text{SFP norms} \))

Social Skills \( d = .36 \) vs. \( .55 \) (\( .37=\text{SFP norms} \))

Depression \( d = .31 \) vs. \( .40 \) (\( .26=\text{SFP norms} \))

Concentration \( d = .56 \) vs. \( .74 \) (\( .51=\text{SFP norms} \))

Child Cluster \( d = .56 \) vs. \( .77 \) (\( .47=\text{SFP norms} \))
What Can You Do

• Learn about EB family interventions
• Advocate funding for EB programs and evaluations
• Educate practitioners to refer families to effective parenting programs
• Fund EB family interventions in schools and the community.
Thank You
How to Contact Us

Strengthening Families Program

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(34 Best Practices Parenting Programs)

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