

## FAMILY-CENTERED PREVENTION

*Three proven approaches to help families prevent alcohol and other drug abuse*



*Family-centered approaches are those where prevention programming and activities are focused on the family unit, involving parents and children separately and/or together.*

by **Michael Cunningham**

*Continuing a rich 25-year career in the human services field, Michael Cunningham is now co-founder of MB&F, a consulting company focused on identifying and sharing state-of-the-art information and best practices.*

prevention *Tactics* 3:2 (1999)

**Tactics** (tak'tiks) *n.* **1.** a plan for promoting a desired end. **2.** the art of the possible.

**WHY** use family-centered prevention approaches?

It is so much simpler to work directly with an individual child or youth — why bring the whole family into it? Aren't school, community-based and environmental approaches sufficient? Although working with whole families can be difficult, family-centered approaches remain a necessary component of comprehensive community-based prevention programming.

**FAMILIES** play the primary role in the nurturance and development of children and youth. Values, attitudes, norms and behaviors are introduced and reinforced through family systems. Most school and community prevention-related activities do not begin until adolescence, but research has shown that problems often begin much earlier. It is up to the family, then, to provide the guidance, support, safety and resources required to maximize growth and development and reduce the likelihood of alcohol and drug use and related problems. Unfortunately, changes that have occurred in family structures and the issues and stresses that families are confronted with on a daily basis impact the ability of families to perform this role effectively and consistently.

## What impact do families have on youth substance abuse?

**ALCOHOL AND OTHER** drug problems are the result of complex interactions of biological, social, and psychological factors that change with each developmental stage. Over the past two decades, research evidence from numerous studies has identified critical risk and protective factors that are associated with the initiation and escalation of alcohol and other drug use among youth. A number of these risk and protective factors are directly related to the family, both in terms of family structure and dynamics, as well as the context of the family within the broader community.



### KEY CONCEPTS

#### LOGIC MODEL

FAMILY-CENTERED prevention approaches

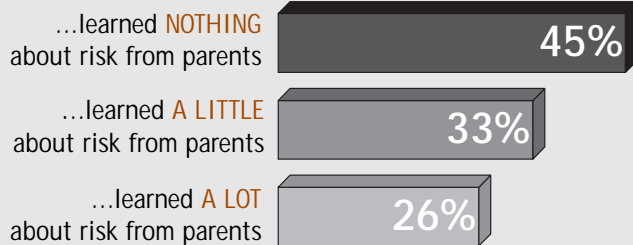
REDUCE family risk factors and INCREASE protective factors

DECREASE likelihood of substance abuse among youth

*Effective family-centered prevention approaches work with families to prevent or reduce family risk factors and maximize protective factors.*

#### Parental involvement is key to drug prevention!

#### Past year marijuana use among teens who...



SOURCE: 1998 Partnership Attitude Tracking Study

#### KNOWN RISK FACTORS

These family-related factors are correlated with higher levels of substance abuse:

- Family behavior that encourages, facilitates or ignores substance abuse
- Family management and parenting practices, such as lack of monitoring, supervision, bonding and caring; unclear expectations; inconsistent or harsh discipline
- Family conflict
- Family violence

#### KNOWN PROTECTIVE FACTORS

These family-related factors protect against alcohol and other drug use and abuse, as well as provide support for ongoing positive youth development:

- Family cohesion, warmth, and attachment
- Parental supervision of daily activities and conduct
- Interaction and communication between and among all family members

## What does the data tell us about effective family-centered approaches?

**OVER THE PAST** decade many family-centered approaches have been implemented, ranging from parent awareness and mobilization to clinically oriented family therapy. Until recently there has been insufficient research on most of these approaches — particularly those targeting the general population. As a result, most family-centered programs have been selected based on general knowledge and program marketing, not program effectiveness or appropriateness.

**PEPS Review.** The Center for Substance Abuse Prevention, through its Prevention Enhancement Protocols System (PEPS), recently convened an expert panel of nation-

ally known researchers and practitioners to assess family-centered approaches. The panel analyzed both research data and practice evidence gained from well-designed and executed case studies.

**The Outcome.** A careful review of the research and practice data yielded sufficient evidence to document the effectiveness of family-centered approaches. Of the seven approaches analyzed, there was “strong” or “medium” evidence (see Evidence Guidelines below) of the effectiveness of these three:

1. Parent and family skills training
2. In-home support services
3. Family therapy

The PEPS panel also identified the specific populations with which each approach is effective (see Appropriate Approaches below). The characteristics of these three proven approaches are described in more detail on the following pages.

### EVIDENCE GUIDELINES

#### How certain are we that an approach will work?

PEPS gauges effectiveness of prevention approaches according to the following levels of evidence.

##### Strong Evidence of Effectiveness

- Practitioners can use this approach with the most assurance that it will be effective for producing the intended results.

##### Medium Evidence of Effectiveness

- Although the number or rigor of the studies is limited, there is still substantial support validating the approach’s effectiveness for producing the intended results.
- Practitioners can proceed, but should exercise discretion in application and assessment.

##### Suggestive but Insufficient Evidence

- The approach shows promise, but is not well documented.
- Practitioners should exercise caution.

##### Substantial Evidence of Ineffectiveness

- The approach has not demonstrated the intended results or has shown negative findings.
- Practitioners should avoid these approaches.

### APPROPRIATE APPROACHES

#### What works with whom?

Family-centered approaches are useful across all risk levels. Methods appropriate for each type of risk population are shown below. An asterisk indicates that the approach has been proven effective (at a medium or strong level) for that particular population type.

#### UNIVERSAL PREVENTION

*All families in a common setting, not distinguished by risk factors*

- Parent and Family Skills Training\*
- Parent Education
- Parent Involvement

#### SELECTIVE PREVENTION

*Groups of families who share common risk factors*

- Parent and Family Skills Training\*
- Parent Support Group
- Parent-Peer Group
- In-Home Support Services
- Family Therapy

#### INDICATED PREVENTION

*Families with children already exhibiting problem behaviors*

- Parent and Family Skills Training\*
- Parent Support Group
- Parent-Peer Group
- In-Home Support Services\*
- Family Therapy\*

## PROVEN APPROACHES

***Strengthening Families Program (Utah)*** A multicomponent program for children of substance abusers

The Strengthening Families Program is designed to reduce problem behaviors among children of substance abusers while improving family relationships, parenting skills, youth social skills and life skills. The 14-week program focuses on a different topic each week during a 2-3 hour session. Three distinct courses are taught each session: 1) parent training, 2) children's skills training and 3) family skills training.

**Successes.** Independent evaluations have found the program to be successful in improving child risk status related to problem behaviors, emotional well-being, prosocial skills, parenting skills, family environment, and family functioning.

***Preparing for the Drug Free Years (Washington)*** A parent training program

Preparing for the Drug Free Years (PDFY) is a program for parents of children in grades 4–8. PDFY focuses on family relations, family management practices and family conflict resolution. Both behavioral skills training and communication-centered approaches to parent training are used.

**Successes.** Evaluation results from an experimental, longitudinal design have shown significant overall improvement in parenting behaviors, general child management and parent-child affective quality.

## Parent and Family Skills Training

**APPROPRIATE POPULATIONS** Families and children with no known risk factors (universal population) as well as with higher-risk families (selective and indicated populations).

**SETTING** Individual families or groups of families participating in a class or clinic setting.

**PARTICIPANTS** Parent training focuses on parents, sometimes including children in separate sessions, whereas family skills training is conducted with both parents and children, separately and in joint sessions.

**GOALS** Activities are designed to achieve these objectives:

**PARENTS**

- Improve parenting, problem solving and communication skills
- Improve child management and crisis management abilities
- Develop empathy and relationship capacity
- Strengthen psychological helping skills

**CHILDREN/YOUTH**

- Improve general child behavior
- Strengthen attachment to family
- Improve self-control and compliance
- Reduce antisocial and problem behaviors
- Develop commitment to school
- Make psychological adjustments

**FAMILIES**

- Improve family cohesion, organization, relationships
- Resolve conflict

**STRATEGIES** Typical activities include:

- Didactic presentations and discussion
- Role-playing and skills practice
- Curriculum-based training
- Modeling interaction, communication and crisis handling
- Cognitive-behavioral workshops

**EXPECTED OUTCOMES** For families with children at all risk levels, there is **strong evidence** of the effectiveness of parent and family skills training approaches in improving parent-child communication, child behavior, parenting skills and reducing family conflict. For families with high-risk children, there is **strong evidence** that these approaches are effective in long term changes in problem behaviors and parenting skills.

# In-Home Support Services

**APPROPRIATE POPULATION** Families with children at high risk for substance abuse (indicated population).

**SETTING** Individual families in their homes and in the community.

**PARTICIPANTS** Entire family living in the household.

**GOALS** The primary goal of in-home support is to preserve families and facilitate the nurturance and guidance necessary to developing capable children and youth. The most common objectives are to decrease domestic violence, to reduce child abuse and neglect, and to avoid having to remove the child from the home. Activities are designed to achieve these objectives:

## PARENTS

- Improve parenting skills related to discipline, family relations, communication, anger management.
- Decrease the likelihood of child abuse and/or neglect

## CHILDREN/YOUTH

- Develop communication skills and anger management
- Improve compliance
- Reduce antisocial and criminal activities

## FAMILIES

- Prevent children from being removed from the family
- Reunite previously removed children with their families

**STRATEGIES** Activities are tailored to the unique needs of each family. They can include services such as:

- Individual and family counseling
- Crisis intervention
- Direct assistance with transportation, food and other resources
- Case management

Activities can be performed by individuals and by a team which includes both social service agency staff and neighborhood-based family workers.

**EXPECTED OUTCOMES** There is **medium evidence** that family in-home services can reduce juvenile crime and rearrests, improve family cohesion, and avoid or reduce out-of-home placement.



## PROVEN APPROACHES

### *Homebuilder's Program* (Washington) In-home family crisis services

The Homebuilder's Program provides in-home crisis services to avoid imminent out-placement of children and preserve the family. A team of family service workers provides very intensive intervention which includes 4-6 weeks of in-home services. These services include both social services — such as individual and family counseling, crisis intervention and behavior management training — as well as direct services such as transportation, clothing and food.

The program is designed to break the cycle of family dysfunction and includes these goals:

- improving family functioning
- increasing social support
- increasing parenting skills
- improving school and job attendance and performance
- improving household living conditions
- decreasing family violence

**Successes.** Formal and informal evaluations of the program since its inception in 1974 show consistently positive findings related to placement prevention and child and family functioning.

## PROVEN APPROACHES

*Brief Structural/Strategic Family Therapy***(Florida) A structural family therapy program**

Brief Structural/Strategic Family Therapy (BSFT) is a program for families with drug-abusing and behavior-problem youth. The therapy is tailored to each specific family and delivered to individual families. Therapists seek to change families' maladaptive ways of relating and interaction patterns. BSFT seeks to facilitate healthy family interactions based on cultural norms of the family being helped. The expected outcomes are a reduction in recidivism of youth offenders, improved youth behavior and improved family relationships.

**Successes.** BSFT has been evaluated in a number of studies with experimental designs. The approaches have been found to be effective in improving youth behavior, reducing youth recidivism, and in improving family relationships.



## Family Therapy

**APPROPRIATE POPULATION** Families with children at high risk for substance abuse (indicated population).

**SETTING** Individual family in a clinic or in a home.

**PARTICIPANTS** Parents and children, sometimes including siblings or other family members.

**GOALS** Family therapy is designed to improve family functioning and reduce juvenile delinquency, recidivism, child abuse, and other anti-social and unhealthy behaviors among family members. Family therapy helps members develop interpersonal skills, improve communication, decrease negative behavior and improve family dynamics. Activities are designed to achieve these objectives:

### PARENTS

- Learn effective discipline methods

### CHILDREN/YOUTH

- Reduce behavioral and emotional problems
- Reduce recidivism
- Prevent substance abuse

### FAMILIES

- Improve family dynamics
- Decrease negative interaction patterns
- Learn self-management skills

**STRATEGIES** Activities include various types of family-centered therapies, including functional, structural, and multisystemic therapy. They are used with diverse groups of clients.

**EXPECTED OUTCOMES** There is **strong evidence** that family therapy can reduce recidivism in delinquent teenagers. In addition, there is also **medium evidence** that family therapy can improve family relations and enhance parenting skills

## As You Begin



### SELF-ASSESSMENT TOOL

TO SELECT the most appropriate family-centered approach, you need to formally assess your community and its families. Along with needs and problems, be sure to identify assets, strengths, cultural and situational contexts, and readiness for participation. *Consider...*

**BASIC NEEDS** Basic needs of families, such as food, shelter, employment, literacy and physical and mental health must be addressed for any approach to be successful.

**SEVERITY OF PROBLEMS** The length and intensity of the approach must match the severity of the problems. Family-centered approaches may need to be combined with other types of interventions. Booster sessions at different developmental stages may be necessary.

**ACCESSIBILITY AND SUPPORT** Programs should be conducted in settings that are accessible, comfortable and, if at all possible, within the target community. Issues such as child care, transportation and meals may need to be addressed.

**INTEGRATION** Family-centered approaches complement most other substance abuse prevention approaches and should be integrated whenever possible.

**PARTNERING** Families and communities should be engaged as partners. Solicit community involvement and outreach during program planning and implementation as well as in decision making. Planners and providers should work with the community and families and not effect an “expert” mentality.

### Are you maximizing your impact?

- Is your program suited to the risk level of the targeted families?
- Does it focus on families with young children (before problems are ingrained)?
- Does it reduce children's exposure to family-related risks?
- Does it enhance the family-related factors that protect the child?
- Are strategies developmentally and gender appropriate?
- Are interventions implemented in multiple contexts and settings (e.g., schools, cultural life, religious institutions, neighborhoods)?
- Are multiple risk factors addressed simultaneously (e.g., working to reduce domestic conflict and children's antisocial behavior while improving parenting skills and school performance)?
- Does it build on families' strengths, preserve their integrity (including language/culture), and encourage their leadership in the growth process?

### NEXT STEPS

### CULTURAL ATTITUDES AND VALUES

*In working with families, take into consideration...*



- Whether the primary importance is on the individual or community.
- Generally accepted roles for women, men and children.
- Whether the preferred family structure is nuclear or extended, one generation or multigenerational.
- Importance of folk wisdom, life experience, and common sense compared to formal education.
- Ways that wealth is measured: in material goods, like money and property; or in personal relationships, like children, family and friendships.
- Whether the society reveres its youth as the promise of the future or its elders as the repositories of wisdom.
- How time is used and valued — the importance of timeliness for example.
- Whether people are tradition-oriented or inclined to experimentation.
- Linkage or separation between religious life/spirituality and secular life.
- Favorite and forbidden foods.
- Manner of dress and adornment.
- Body language, particularly whether touching or close proximity is permitted in specific situations.

### NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION (NCADI)

## RESOURCES

Phone: (800) 729-6686  
Web site: www.health.org

#### ■ Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches

Guidelines developed by the Center for Substance Abuse Prevention that synthesize the current research on family-centered approaches.

#### ■ Empowering Families, Helping Adolescents

Family-centered approaches developed by the Center for Substance Abuse Prevention.

#### ■ Drug Abuse Prevention Through Family Intervention

A compilation of research articles on family prevention approaches. NIDA Research Monograph 177. www.nida.nih.gov

#### ■ Drug Abuse Prevention: What Works

A NIDA handbook to help practitioners operate effective programs.

### OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION (OJJDP) CLEARINGHOUSE

Phone (800) 638-8736. Web site: www.ojjdp.ncjrs.org

#### ■ Family Strengthening in Preventing Delinquency

A literature review on family-strengthening approaches and research.

#### ■ Strengthening America's Families

This is a web site, created by the University of Utah and funded by OJJDP, identifies model programs. http://www.strengtheningfamilies.org

### THE AOD PREVENTION EXTENSION



Phone (916) 983-6680  
Web site: www.emt.org

#### ■ Family-Center Prevention: What Works?

Free day-long workshops on planning and implementing effective family-centered approaches to substance abuse prevention.



### LET'S HEAR FROM YOU!

We welcome readers' comments on topics presented. Call us at 916.983.6680, fax us at 916.983-6693, or send an email to erica@emt.org

### prevention Tactics

is published periodically by The EMT Group, Inc., under its Community Alcohol and Other Drug Prevention contract with DADP. The purpose of this publication is to help practitioners in the prevention field stay abreast of best practices emerging from current research and to provide practical tools and resources for implementing proven strategies.

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