Program Quick Indicator (QI) Packet
Evidence Based and Promising Practice EBP

One form must be must be submitted once for each current program (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative.

Contractor: KVC Behavioral HealthCare Nebraska, Inc.

Name of Program: Strengthening Families Program

Service Area: Eastern and Southeast

Program Summary/Description: ***A brief overview of what the program is, program model, goals, key components, etc...***

The Strengthening Families Program SFP) is a science-based family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-17 years old. SFP builds on protective factors by improving family relationships, parenting skills, and improving the youth' s social and life skills.

The SFP curriculum includes three 14-week courses: Parent Training, Children's Skills Training and Family Life Skills Training. Parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving and limit setting. Children learn effective communication, understanding feelings, social skills, problem solving, resisting peer pressure, consequences of substance use, and compliance with parental rules. During the second hour families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. SFP uses creative retention strategies such as special incentives for attendance, good behavior in children, and homework completion. To reduce barriers to attendance family meals, transportation, and child-care can be provided. To increase generalization and use of skills learned, booster sessions are encouraged as well as providing on-going family support groups for SFP graduates at the agency site.

Topics/Areas of interest: ***Topics or areas of interest this program covers (i.e. substance abuse, parenting, etc...)***

Parent Training

Outcomes: ***Specified outcomes of the program/EBP***

Children are Maintained at Home with Family and Timeliness of Permanency of Reunification.

C.1. 50% Eastern Service Area and 50% Southeast Service Area children will be served in their family home.

D.1. 71% Eastern Service Area and 69.08% Southeast Service Area children placed in out-of-home care will be reunified within 12 months.

D.2 8% Eastern Service Area and 9.9% Southeast Service Area or less of all reunified children re-enter out-of-home care within 12-months of discharge.

Study Populations: ***Intended population***

A. **Gender:** Both
B. **Race/Ethnicity:** American Indian/Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race/ethnicity unspecified, Non-U.S.-based population.
C. **Ages:** 3-17
D. Geographic Location (e.g. Urban, Rural, Frontier):
Rural and/or frontier, suburban, tribal, urban

Although originally developed for children of high-risk substance abusers, SFP is widely used with non-substance abusing parents.

Settings: ***Intended Setting***

The Strengthening Families Program has been implemented in many different community settings, such as family or youth services agencies, schools, drug treatment centers, community mental health centers, housing projects, homeless shelters, churches, recreation centers and drug courts.

Level of Evidence: ***Please check the appropriate box in accordance with the program.***

☐ **Well-Supported Evidence-Based Practice**

- All elements of Supported plus:
  - Multiple site replication

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS;

- Does the program use a model that:

- Has all the elements of the previous
- Research has shown the same positive results in multiple site replications?
- Do you follow the model with rigorous fidelity?
- Have you made adaptations to the mode? (document in the adaptations section below).

The Strengthening Families Program has been evaluated in as many as 15 different research studies by independent evaluators. The original NIDA study (1983 to 1987) involved a true pre-test, post-test, and follow-up experimental design with random assignment of families to one of four experimental groups: 1) parent training only, 2) parent training plus children' s skills training, 3) the total three component SFP program including the family relational skills component, or to 4) no treatment that included drug treatment as usual with no parent or child training. Because of the positive results, SFP was then replicated and evaluated on five CSAP High Risk Youth Program grants with diverse ethnic groups by independent evaluators using quasi-experimental, pre-, post- and 6-, 12-, 18-, and 24-month follow-up statistical control group designs comparing drug-abusing families with non-drug abusing families. SFP has also been evaluated on a CSAP Predictor Variable grant in two rural Utah school districts employing a true experimental pre-, post-, 12 and 24 month follow-up design which randomly assigned elementary schools to either: 1) the full SFP, 2) a child-only school-based program--I Can Problem Solve (ICPS), 3) a combination of SFP with ICPS, or 4) no new family intervention services. SFP was found highly effective in decreasing anti-social behaviors, conduct disorder, and aggression with Effect Sizes (ES) ranging from .85 to 1.11 range depending on outcomes measured. Currently, the preliminary two year results of a NIDA effectiveness research study with 195 African-American and White WDC families randomly assigned to parent training only, children' s skills training only, the full SFP, or minimal contact control suggest very positive results in reducing children's behavior problems (e.g., aggression and conduct disorders) and improving children's social skills.

Selected as one of three science-based, substance abuse prevention programs by the National Institute on Drug Abuse (NIDA) for replication and featured on NIDA's video, Coming Together on Prevention as well as in NIDA' s publications Drug Abuse Prevention for At-risk Groups, Preventing Drug Use Among Children and Adolescents: A Research-based Guide, and Drug Abuse Prevention Through Family Intervention.

Disseminated since 1987 by the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Strengthening America's Families Initiative and showcased at national conferences, and reviewed in a new Family

Strengthening Series bulletin (OJJDP, 2000) and on their web site,

Recently selected in May, 2000 by CSAP as an Exemplary Program and including in CSAP's What Works in the Prevention of Drug Abuse (CSAP, 1997), reviewed in CSAP's Family-based Prevention Enhancement Protocol Series (PEPS), and included as a science-based model by CMHS, DoEd, ONDCP, NIAAA, and the Communities That Care (Hawkins, et al.,.2000).

Published in Journal of Children in Contemporary Society (1986); The International Journal of the Addictions (1990/91); Substance Use and Abuse (1996), Journal of Primary Prevention, American Psychologist, and Botvin and associates (1996), Drug Abuse Prevention with Multi-ethnic Youth and Peters & McMahon's (1996) book, Childhood Disorders, Substance Abuse, and Delinquency.

Featured on Fox TV Morning News Show (1998), the British Broadcast Company (1996), Ontario Television documentary on families and addiction, and programs.

Implementation/Research History/References: ***Publications, websites, contact information for a person or entity regarding this program, or any other info regarding the "evidence" of the program.***

Implementation/Research History/References:

Maguin, E., Nochajski, T., Dewit, D., Macdonald, S., Safyer, A., & Kumpfer, K. (2007). The Strengthening Families Program and children of alcoholic's families: Effects on parenting and child externalizing behavior. Manuscript submitted for publication.

Kumpfer, K.L., Greene, J.A., Bates, R.F., Cofrin, K., & Whiteside, H. (2007). State of New Jersey DHS Division of Addiction Services Strengthening Families Program Substance Abuse Prevention Initiative: Year Three Evaluation Report (Reporting period: July 1, 2004-June 30, 2007). Salt Lake City, UT: LutraGroup.

DeMarsh, J., & Kumpfer, K.L. (1986). Family-oriented interventions for the prevention of chemical dependency in children and adolescents. Journal of Children in Contemporary Society: Advances in Theory and Applied Research, 18(122), 117-151.

Kumpfer, K.L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity and adaptation in family-based prevention interventions. Prevention Science, 3(3), 241-246.

Kumpfer, K.L., Alvarado, R., Tait, C., & Turner, C. (2002). Effectiveness of school-based family and children's skills training for substance abuse prevention among 6-8 year-olds rural children. Psychology of Addictive Behaviors, 16 (Suppl. 4) S65-S71.

Pratt, C. C., McGuigan, W. M., & Katzev, A. R. (2000). Measuring program outcomes: Using retrospective pretest methodology. American Journal of Evaluation, 21(3), 341-349.

Sibthorp, J., Paisley, K., Gookin, J., & Ward, P. (n.d.). addressing response-shift bias: Retrospective pretests in recreation research and evaluation. Manuscript submitted for publication.

Aktan, G.B. Kumpfer, K.L., & Turner, C. W. (1996). Effectiveness of a family skills training program for substance abuse prevention with inner city African-American families. Substance Use and Misuse, 31(2), 157-175.

Fox, D.P., Gottfredson, D.C., Kumpfer, K.L., & Beatty, P.D. (2004). Challenges in disseminating model programs: A qualitative analysis of the Strengthening Washington D.C. Families Program. Clinical Child and Family Psychology Review, 7(3), 165-176.

Gottfredson, D., Kumpfer, K., Polizzi-Fox, D., Wilson, D., PUryear, V., Beatty, Pl, et al. (2006). The Strengthening Washington D.C. Families project: A randomized effectiveness trial of a family-based prevention. Prevention Science, 7(1), 57-74.

Publications:

Six books are needed to implement the program and are purchased through the Lutra Group:

The Parent's Skills Training Group Leader's Manual
The Children's Skills Training Group Leader's Manual
The Family Skills Training Group Leader's Manual
The Parent's Handbook
The Children's Handbook
The Implementation Manual

Websites

http://www.strengtheningfamiliesprogram.org

Contact Information

LutraGroup SP
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Salt Lake City, Utah 84108
801-583-4601
hwhiteside@lutragroup.com

Adaptations: ***Any adaptations being made to the program model***

None

Description of Measures for each outcome: ***Name, describe, and include a copy the measures used for each outcome indicated previously.***

The measures for each outcome will be the same as required by contract for the respective measure.

Fidelity Measures: ***List, describe, and include a copy of all fidelity tools used, INCLUDING the tool used to ensure fidelity for any adaptations.***

See attached:
Strengthening Families Program Child (Group) Observation Form
Strengthening Families Program Family (Group) Observation Form
Strengthening Families Program Parent (Group) Observation Form

Processes and any measures used to ensure appropriate implementation: ***This is to include a summary of the processes (list, describe, and a copy of if applicable) used to ensure the proper implementation of the program (manual availability, staff development, supervision, program evaluation) any measures (list, describe, and a copy of) used.***

See below

New Program Implementation Plan/Time line:
If installing a new program, fill in the following questions. New program is defined as an EBP or non-EBP any program that is not fully implemented by the beginning of the DHHS contract period (November 1st).

Broad Tasks	Subtasks	Target completion date
Selecting/hiring all required staff to	List specific staff position to be filled:	3/31/10

implement the program (include the total number of staff and the credentials required: direct service staff, administrative staff, supervisory staff, and so on.)	Identify Care Coordinator teams in the ESA and SESA to be trained on Strengthening Families	
Initial training of program staff	List training topics: Introduction, Program Description, History, Literature Review, Program Rationale, Objectives, Program Results, Components of the SFP Implementation Kit, Tailoring the SFP to Your Participants, Recommended Format, Resources, Program Content, Group Logistics, Group Dynamics, Ethical Considerations, Evaluation and Evaluation Forms.	6/30/10
Ongoing training of program staff	List training topics: Refresher training as indicated by fidelity measures.	Ongoing
Training for staff supervisors:	List training topics: Overview of SFP	6/30/10
Collecting data (outcome measures as indicated by the EBP/program)	How collecting data, what tool is being used, how going to analyze and report	Ongoing

	As the outcomes measures being used are outcomes required by the contract, data will be collected and analyzed as per the contract.	
Documenting expectations for how the program will be delivered (such as creating a manual or protocol)	Create Protocol	2/1/10
Assessing the consistent delivery of the program	What are the fidelity measures, identify at what point will be assessed KVC will use the Child (Group), Parent (Group) and Family (Group) observations forms. Team Leaders will be observed at least once each cycle.	Beginning 7/1/10
Other Necessary Tasks		