



*Effective Substance Abuse and
Mental Health Programs
for Every Community*

Strengthening Families Program

The Strengthening Families Program (SFP) involves elementary school-aged children (6 to 12 years old) and their families in family skills training sessions. SFP uses family systems and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems. It builds on protective factors by:

- Improving family relationships
- Improving parenting skills
- Increasing the youth's social and life skills

SFP offers incentives for attendance, good behavior in children, and homework completion to increase program recruitment and participation.

INTENDED POPULATION

SFP was originally developed and tested in 1983 with 6- to 12-year-old children of parents in substance abuse treatment. Since then, culturally modified versions with new manuals have been evaluated and found effective for families with diverse backgrounds: African American, Asian/Pacific Islander, Hispanic/Latino, Native American, Canadian, and Australian. SFP is also now widely used with non-substance-abusing parents in elementary schools, faith communities, housing communities, mental health centers, jails, homeless shelters, protective services agencies, and social and family services agencies.

Proven Results*

- Improves resilience, assets, and protective factors in children and parents
- Decreases risk factors in parents and children
- Decreases children's behavioral problems and conduct disorders
- Improves family cohesion, communication, and organization
- Decreases family conflict and stress

**Reductions in aggression and found conduct problems averaged 10 times larger than school-based, child-only prevention interventions.*

INTERVENTION

Universal

Selective

Indicated

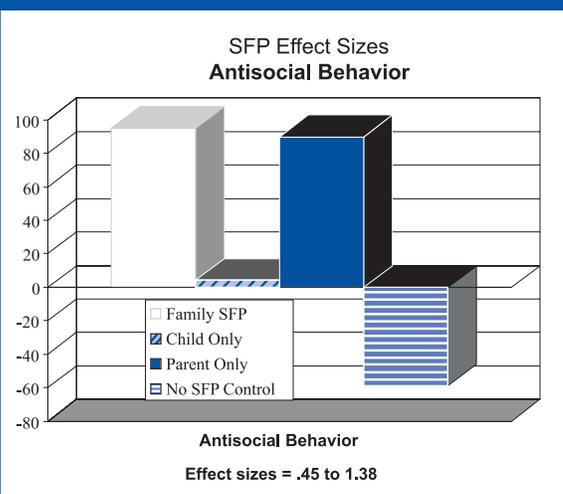
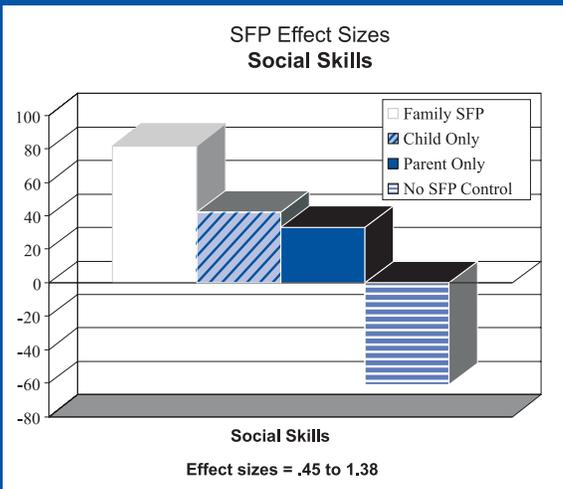


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

OUTCOMES

Using randomized experimental designs and pre- and posttest data collection, research has found consistent positive results for diverse families, and up to 5-year followup measures including:

- Parent Training improves parenting skills and children's behaviors and decreases conduct disorders.
- Children's Skills Training improves children's social competencies (i.e., communication, problem solving, peer resistance, and anger control).
- Family Skills Training improves family attachment, harmony, communication, and organization.
- Full SFP improves more risk and protective factors predictive of later problem behaviors than other studied interventions.



BENEFITS

Immediate results include:

- Improvements in family environment and parenting skills
- Increased prosocial behaviors in children
- Decreased child depression and aggression
- Decreased substance use among parents and children

At 5-year followup:

- 92% of families still used parenting skills, and 68% still held family meetings

HOW IT WORKS

The SFP curriculum is a 14-session behavioral skills training program of 2 hours each. Parents meet separately with two group leaders for an hour to learn to increase desired behaviors in children by increasing attention and rewards for positive behaviors. They also learn about clear communication, effective discipline, substance use, problem solving, and limit setting.

Children meet separately with two children's trainers for an hour, to learn how to understand feelings, control their anger, resist peer pressure, comply with parental rules, solve problems, and communicate effectively. Children also develop their social skills and learn about the consequences of substance abuse.

During the second hour of the session, 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.

Booster sessions and ongoing family support groups for SFP graduates increase generalization and the use of skills learned.

IMPLEMENTATION ESSENTIALS

Successful replication of SFP requires:

- Implementation of all 14 Parent, Child, and Family Skills Training sessions using SFP manuals and meeting once or twice per week. (Program manuals and other materials may be copied from an SFP CD-ROM.)
- An optimal family load of 4 to 14 families per group.
- Committed and experienced staff, including a part-time site coordinator and four group leaders (working 5 hours per week) who receive 2 to 3 days of training from SFP master trainers. (Warm, empathetic, genuine, and creative leaders are most effective.)

- Reunions or booster sessions of approximately 3 hours each every 6 months.
- Two large training rooms equipped with flip charts and extra space and tables for meals and childcare.
- Family meals, transportation, and childcare should be provided (reduces barriers to attendance).

PROGRAM BACKGROUND

SFP was originally developed by Dr. Karol Kumpfer and associates with a grant from the National Institute on Drug Abuse (NIDA), National Institutes of Health, U.S. Department of Health and Human Services, from 1982 to 1986. It developed out of multiple existing science-based prevention programs. The Parent Training component includes basic behavioral parent training techniques developed by Dr. Gerald Patterson and used in many behavioral parent training programs. The Children's Social Skills component took elements from Dr. Myrna Shure's *I Can Problem Solve*, which also is used in the Seattle Social Development Project and Second Step Program. The Family Skills Training component uses family communication exercises based on Dr. Bernard Guerney's *Family Relationship Enhancement Program*, family meetings used in many effective programs, and child and parent game techniques developed by Dr. Robert McMahon and Dr. Rex Forehand for the *Helping the Non-compliant Child Program*. A new 2001 version of SFP, available on CD-ROM, was modified based on practitioner feedback.

EVALUATION DESIGN

SFP has been evaluated more than 17 times on Federal grants and 150 times on State grants by independent evaluators. The original study involved a true pretest, posttest, and followup 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 complete SFP including the family component; and 4) no treatment besides substance abuse treatment for parents. SFP was then culturally adapted and evaluated with five Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP) High Risk Youth Program grants by independent evaluators using statistical control group designs that involved quasi-experimental, pre-, post- and 6-, 12-, 18-, and 24-month followup. Recently, SFP was compared to a popular school-based aggression prevention program (*I Can Problem Solve*) and found highly effective (effect sizes = .45 to 1.38) employing a true experimental pre-, post-, 12-, and 24-month followup design in two Utah school districts. A NIDA effectiveness research study of 195 African American and White families in Washington, DC, randomly assigned to parent training only, children's skills training only,

the full SFP, or minimal contact control, suggests very positive results in reducing children's behavior problems (e.g., aggression and conduct disorders) and improving children's social skills. (See *Outcomes* section.)

PROGRAM DEVELOPERS

Karol Kumpfer, Ph.D.

Henry Whiteside, Ph.D.

Program developer Dr. Karol Kumpfer is a child psychologist, substance abuse prevention researcher, and associate professor of Health Promotion and Education at the University of Utah. From 1998 to 2000, she was director of CSAP in Washington, DC. Other State and local research practitioners have worked with Dr. Kumpfer to develop and evaluate cultural adaptations of SFP for diverse families. Dr. Henry Whiteside, managing partner of Lutra Group, rewrote the 2001 SFP version on CD-ROM and runs the training system.

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S.

Department of Health and Human Services

Programs That Work—National Institute on Drug Abuse, National Institutes of Health, U.S.

Department of Health and Human Services

Promising Program—Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

Exemplary Program—U.S. Department of Education