

## **Program Description**

### **Strengthening Families for the Future**

#### **Introduction:**

Strengthening Families for the Future is modelled on a successful program developed in 1988 by Dr. Karol Kumpfer, of the University of Utah. While the Strengthening Families program was originally developed as a prevention program to target children who were at risk of developing alcohol and other drug problems due in part to their parent's substance abuse, the program is applicable to families with other environmental risk factors.

The program is a promising intervention for fostering significant improvements in family functioning, parenting, and children's psychosocial functioning. This program has undergone extensive evaluation and has been listed as a best practice program by Health Canada.

#### **Background:**

Strengthening Families has been implemented in the United States, Australia, Europe, Central America, and Canada. With input from treatment agencies in Ontario, CAMH has updated the original program to make it more relevant to Canada.

In 2004, the Oxycontin Task Force was set up to examine concerns around the abuse of Oxycontin in this province. The Task Force released a report, which made a number of recommendations to address substance use issues in the province. At the time, there was a Substance Abuse Prevention and Education Committee put in place to look at how to disseminate Oxycontin specific information to schools. A sub-committee of the Prevention and Education Committee was set up to explore the issues around at-risk youth and to make programming suggestions. A review was undertaken of best practices in prevention with the at-risk youth population. Based on the guidelines a number of family focused prevention programs were reviewed. Strengthening Families for the Future was one of the programs that seemed to fit criteria for effective prevention.

Following the recommendations of this report, a decision was made by Western Health to pilot the Strengthening Families program in Corner Brook area in the fall of 2008; however, implementation was delayed due to staff turnover. The program was piloted from January – April 2009 at C.C. Loughlin School, with partnering agencies including Child, Youth and Family Services and Western School District. Based on the information collected, the program was a success. Since the pilot, the program has been successfully implemented in the Western Region with grants being awarded through the CAPMHP fund.

#### **Purpose:**

The purpose of the Strengthening Families for the Future program is to reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.

The **Goals** of the Program are to:

- Reduce children's or adolescents' intention to use alcohol and/or other drugs, and reduce behavioral problems
- Increase children's resilience and life skills
- Increase positive and effective parenting
- Increase family communication

**Target Audience:**

The target population is school aged children, ages 7-11, who may be at risk for substance use or mental health issues and their parents

**Description of Activities:**

The Strengthening Families program is presented in 14 consecutive weekly sessions plus a booster session. Sessions last about three hours and include a communal meal. Parents and children meet together to share a meal at the beginning of each session. This is followed by separate one-hour sessions for parents and children. Finally, the families come back together for the family session, where they practice skills they learned in their separate sessions. The sessions are fun and activity based.

**Budget:**

Delivering this program within budgetary constraints is possible due to in-kind support of other agencies and businesses within the community. Development of a financially sustainable plan is based on financial support from Western Health. The budget for this program usually consists of the following: welcome table, family meals, transportation, crafts and supplies, program incentives (child and parent), volunteer appreciation, graduation, and booster session.

The ability to plan, prepare and cook the meals also contribute to budgetary savings as the cost of meal preparation is usually the highest expense of running this program (\$150.00 x 14 weeks). Catering is typically more expensive and would require more money in the budget. A higher budget for food is also based on meeting school health food guidelines. Although the budget varies depending on in-kind support and the number of participants, the typical budget to deliver this program is \$4500-\$5000.

*Past Sample Budget*

<b>Item</b>	<b>Estimated Cost</b>
Welcome Table \$20 x 14 weeks	\$280
Family Meals Food \$150 x 14 weeks = \$2100 Meals Supplies \$30 x 14 weeks = \$420	\$2520
Transportation Taxis for families as required	\$670
Crafts Supplies/Kid Time Supplies \$20 x 14 weeks	\$280
Program Incentives Child Incentives \$250 Parent Incentives \$250	\$500
Volunteer Appreciation Gifts for Volunteers Facilitators	\$250
Graduation Materials, supplies	\$200
Space Rental	In-Kind
<b>Total</b>	<b>\$4700</b>

**Evaluation:**

This program has undergone extensive evaluation. Results show that the Strengthening Families Program is a promising intervention for fostering significant improvements in family functioning, parenting, and children’s psychosocial functioning.

Short term outcomes:

- Positive effects over time have been shown in child behavior outcomes, including substance use, conduct problems, school related problem behaviors, peer resistance, and affiliation with antisocial peers
- Reduction was shown in targeted risk factors including family conflict, disorganization, and disengagement

Long term outcomes:

- Positive impacts on the family and the child such as: quality time spent together and enjoyed, reasonable consequences, scheduled regular play time, family monthly meetings, improved communication, and improvements in family problems.

**Indicators:**

To evaluate this program, parents complete a mid-program evaluation in week eight and a final evaluation is completed in week fourteen. A post-evaluation is completed during the booster session, six weeks after the end of the program.

There is also qualitative data from the Parental Stress Index, administered week 1 and week 14, which is scored by psychologist and analyzed by Quality Research and

Management at Western Health. The Parental Stress Index is a clinical self-report instrument designed as a screening and diagnostic assessment technique to identify stress in parent-child relationships. It identifies where dysfunctional parenting may take place and predicts the potential for parental behavior problems and child adjustment difficulties.

As well, there are parent/volunteer feedback forms completed and observational data noted by volunteers, coordinators, and facilitators throughout the program.

### **Requirements to Support Staff:**

Based on the recommendations of the Strengthening Families Final Report (August 2009), a financial stability plan was developed to support ongoing delivery. The stability plan consists of a financial and human resource commitment from Mental Health & Addiction Services to support the program.

The human resource component consists of staff time for training, preparation and the delivery of this program. The Addiction Prevention Consultant provides the facilitator training. The Mental Health Promotion Consultant and the Addiction Prevention Consultant are also available for consultation and support throughout planning, facilitator training, recruitment, and running the program.

### **Timeline/Action Plan:**

In order to implement this program from beginning to end the following logistical steps should be taken to ensure the program runs smoothly.

- Step 1: Secure program funding and maintain budget
- Step 2: Purchase materials and supplies
- Step 3: Develop and distribute promotional materials
- Step 4: Network with community agencies (partners)
- Step 5: Recruitment (families, volunteers, and facilitators)
- Step 6: Secure appropriate location
- Step 7: Develop and deliver facilitator training
- Step 8: Develop program forms
- Step 9: Support family intake
- Step 10: Assemble resource bins and family incentives
- Step 11: Meal Planning
- Step 12: Evaluation Plan

## Step 13: Consultation on Program Changes

### Program Structure:

Session One	Intro, group building, administer Parental Stress Index
Session Two	What are Families? Developmental Stages
Session Three	Conversation Skills, Rewards
Session Four	Praise, Achieving Wanted Behavior
Session Five	Feelings and Communication
Session Six	Cooperation and Contribution
Session Seven	Managing Anger
Session Eight	Alcohol/Drugs and Families, Mid Program Evaluation
Session Nine	How to Say No and Stay Out of Trouble, Prevention: the Parent's Role
Session Ten	Directions and Consequences
Session Eleven	Seeking Help, Consequences vs Punishment
Session Twelve	Problem Solving
Session Thirteen	Criticism and Helpful Comments, Managing Stress
Session Fourteen	Wrap-Up, Graduation Celebration, Administer Parental Stress Index, Final Evaluation