

LutraGroup

Year One (FY '05 – '06) Evaluation Report for *Celebrating Families!*TM Grant July 15, 2006

Executive Summary

Introduction

This evaluation report was prepared by the LutraGroup Evaluation Director, Dr. Karol Kumpfer under contract to PPI. The goal of this evaluation was to satisfy the evaluation requirements of PPI funders for the *Celebrating Families!*TM: The Health Trust and Community Foundation of Silicon Valley. The purpose was to determine the effectiveness of *CF!* in a community setting in several agencies serving alcohol and drug abusing families in the San Jose area.

Summary of Accomplishments of Specific Aims

As will be shown in the following Process and Evaluation Report, all of the specific aims listed below were achieved during this Year One community site implementation and evaluation of *Celebrating Families!*TM

The major accomplishment of this Year One evaluation was that these preliminary outcome evaluation results of *Celebrating Families!*TM suggest that *Celebrating Families!*TM is likely to prove to be as effective as the most similar evidence-based family program--Strengthening Families Program. The *CF!* parenting and family outcomes are very large in terms of effect sizes or changes in the families, but the child outcomes are not quite as large as those of the comparison program by the immediate posttest. More funding for an evaluation follow-up would possibly show increased positive results of *Celebrating Families!*TM.

The *CF!* outcome results are equivalent to those reported in the national database for SFP. This comparison program is a dosage equivalent program with a similar multiple group formats. Both include 15-16 week parenting, children's social skills, and family relationship groups run generally for families of substance abusing parents. They are different in content, however. *Celebrating Families!*TM is more focused on affective or cognitive (knowledge) changes, whereas the Strengthening Families Program is more focused on behavioral changes

Additional aims were achieved than were promised by PPI or LutraGroup on this Year One evaluation. Hence Prevention Partnership International (PPI) staff was highly successful in managing their Year One activities to maximal effectiveness in achieving their implementation and evaluation specific aims. Only one additional activity—the submission of a CDC grant, outside of the scope of work of this contract, was not achieved

However a smaller, but significant, Lucile Packard Foundation for Children's Health 3-year grant submitted February 20, 2005 by PPI was funded.

This proposal was written primarily by Dr. Kumpfer and Rosemary Tisch. It funds the participating agencies and sites \$5,000 per *CF!* group and SFP group. It also improves the outcome evaluation by having comparisons to the evidence-based model program, Strengthening Families Program (Kumpfer & DeMarsh, 1985). That grant also supports improving data gathering of the child abuse data and development of a new *CF!* and SFP preschool version for testing.

Evaluation Plans for Years 2005-07

With Lucile Packard Foundation for Children's Health funding in Years 2005-07, the lack of a true comparison group can be rectified. If the outcome results are still equivalent for *Celebrating Families!*[™] when run by the same agencies with similar clients, then the data would suggest the *Celebrating Families!*[™] should be considered an effective program. To get model program status, *Celebrating Families!*[™] must have at least a study employing at least a quasi experimental or a true experimental randomized family or group design. This current Year One design employs a relatively small sample (N = 35 families), non-experimental single group design that controls for very few threats in internal validity of the data. Hence, the outcomes are only suggestive of positive changes but are promising.

LutraGroup
January 2005- March 2006 Evaluation Report for *Celebrating Families!*TM
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Introduction

Below is PPI's Final *Celebrating Families!* Process and Outcome Evaluation Grant Report for January 2005 – March 2006 including LutraGroup's final Outcome Evaluation Report. A preliminary evaluation report was submitted by LutraGroup to PPI on May 15th. This was the first time that LutraGroup staff have worked on an evaluation for the *Celebrating Families!*TM Because of significant improvements in the process and outcome evaluation instruments, data collection, and analysis with the new evaluation contract to LutraGroup in October '04, it has taken more time to finalize this first year evaluation of *CF!* In the future outcome analyses will be much faster to generate and write up results.

LutraGroup Evaluation Contractor

The contracted evaluator is LutraGroup. The evaluation contractor is comprised of a team of health and human service professionals with combined expertise in evaluation, research, substance abuse treatment and prevention, mental health and multi-system intervention with over 20 years experience in conducting research and evaluations of the Strengthening Families Program. The SFP program developer, Dr. Karol Kumpfer, is the Evaluation Director for LutraGroup. LutraGroup provides the SFP training, evaluation, and technical assistance for the sites nationally and internationally. With 20 years of experience with evaluating SFP in community settings, they are very familiar with the community context and issues affecting the San Jose/Santa Clara county providers. They also have worked with other communities nationwide to reduce the testing burden of the outcome instruments while still maintaining solid reliable outcomes scales of multiple items on 18 outcome variables for child, parent, and family outcomes. In addition they have learned that retrospective pre and posttest are more effective in gathering outcome data because drug addicted parents with a threat of loss of their children will not reveal family secrets on the pretest, but will admit to the real situation at home on a retrospective test. In addition the evaluation contractors have provided and developed the training and technical assistance systems for the Strengthening Families Program for over the last 20 years. This wisdom will be helpful in getting *Celebrating Families!* launched as a nationwide model program with a strong dissemination system.

The main advantage of selecting LutraGroup as the evaluation contractor is because they maintain a SFP National Database of over 1200 families that can be used for outcome comparisons to *Celebrating Families!* data.

Evaluation Staffing

The Evaluation Director at LutraGroup, Dr. Karol Kumpfer, became the new *CF!* Evaluator as of 2005. She is a well-known researcher of family based interventions for children of substance abusers, including her Strengthening Families Program (SFP), which is evidence-based model. Independent research suggests this program is the most effective school based substance abuse prevention program based on up to 10-year follow-up studies. A goal in contracting with her is to use similar measures and evaluation methods with *CF!* as SFP. If *CF!* is as effective in these pilot studies, it may be possible to attract larger federal funding for the local sites on grants.

Her role as the Evaluation Director as specified in the December 2004 contract is managing the evaluation including writing evaluation plan, designing outcome evaluation instruments to include SAMHSA Core and GPRA measures to match *Celebrating Families* specified outcomes, supervising evaluation assistants hired by LutraGroup for data entry and the development of the SPSS data base. She also wrote the preliminary outcome report in May and this final evaluation report on the parent, child and family outcomes.

The first task for the evaluation team was to create new and more scientifically valid and acceptable standardized instruments that could also match up to those used by SFP but also include the existing measures of *CF!*. Much of the Spring of 2005 involved the team working with the sites on this time consuming instrument development task. Dr. Kumpfer and the evaluation team, Pat Heller, Shirley Sparks, and Makenzie Gallegos worked with the providers to develop new testing instruments with community input. They were finalized in August 05 for training by Makenzie, for implementation with the new Fall 05 groups.

Next was the development of the process evaluation measures. With the support of Rosemary Tisch, Dr. Kumpfer also created process evaluation measures. She also coordinated data collection on site visits by Pat Heller, the Site Fidelity Coordinator, hired by Prevention Partnership International.

Dr. Kumpfer hired and first supervised Julia Gossett, M.S. to support the *CF!* outcome evaluation contract in the Spring of 2005 by doing data management (lists, files, and data entry). Ana Melo, M.S., a family therapist from Portugal was hired in the fall of 2005 to create several SPSS databases for the parent data, child and youth outcome data, and group leader data including the client satisfaction and demographic data, which was an extensive job involving hundreds of outcome variables and taking several months. Dr. Kumpfer coordinated the data analysis with the statistical consultant, Dr. Keely Cofrin when all the data was finally entered by a research assistant, Kent Coleman, graduate student in social work at San Jose State University. He volunteered to enter the last part of the data to conduct a subgroup analysis for Hispanic families for his master's thesis project this summer. Report available upon request to Rosemary Tisch, Director, *Celebrating Families!*

Scope of The Evaluation

This final outcome evaluation includes the Year One data (January 2005-March 2006) of a 4-year process and outcome evaluation conducted by an outside contractor to assure the fidelity and effectiveness of the *CF!* implementations, including all *CF!* curriculums. Since, *CF!* has not been tested in any comparison studies involving randomized control trials or quasi-experimental non-randomized comparison studies, we plan in 2006 to have the sites also conduct a dosage equivalent family program called Strengthening Families Program (SFP). SFP has been found to be an evidence-based substance abuse prevention program.

Hence, the major goal of this non-experimental evaluation is to determine if the *CF!* program is working well and effective when implemented with less research controls by three community agencies. We also plan to compare the *CF!* outcomes to other sites implementing SFP for some rough idea of whether *CF!* is comparable in results to SFP. The process evaluation that includes the fidelity checklist suggests what modifications improve or detract from the outcomes.

Process and Outcome Evaluation Reports Included. The evaluation includes two primary phases of measurement. Both a process and an outcome evaluation were conducted for the *Celebrating Families!*[™] The process evaluation assesses overall fidelity of the *CF!* program implementations and measures program delivery outputs. The outcome evaluation assesses program effectiveness for a large number of risk and protective factors for substance abuse and delinquency prevention. This analysis compares the results for *CF!* to that of SFP in the SFP National Database on 18 outcome measures for child, parent, and family outcomes. The report first covers the PPI process or contracted implementation goals and objectives and their status or completion. This section was written by Rosemary Tisch of PPI and demonstrates that all of their contracted outcomes were achieved. Following the process evaluation is the outcome evaluation results based on the new outcome measures for *CF!*. These outcome results suggest very positive outcomes for the child, parent and family outcomes by the posttest at 16 weeks.

LutraGroup contracted to be primarily responsible for the outcome evaluation and PPI for the process evaluation since they are the primary developers and know the program best. Still Dr. Kumpfer attended sessions of *Celebrating Families!*[™] at all three sites and submitted site visit notes to the program developer, Rosemary Tisch. Site visit observational data and fidelity checklist information collected by Pat Heller of PPI, has been used by the program developers to improve the implementation fidelity and make changes were needed to improve the program in this first year.

Preliminary results are reported at the end of 2005. In the final report at the conclusion of 2007, a more comprehensive fidelity report with percentages will be reported. This report of LutraGroup focuses more on the preliminary outcomes of

the program. Because of the small sample size of 35 families, the final evaluation report in 2007 will include more extensive data analyses for subgroups from all four years of the evaluation.

Year One Evaluation Contents

This is the Year 01 report of a 4-year evaluation of the three agencies funded to do *CF!* in the San Jose area. The report begins with an introduction, staffing of the evaluation, and description of the *CF!* program. Next follows is a process evaluation written by PPI showing they met their contracted implementation goals and objectives. This section begins with a summary of their specific aims or purpose for the *CF!* initiative and includes need and a description of the *CF!* program, staffing, and sites. Next following the process evaluation report is the LutraGroup Outcome evaluation including the outcome methodology, design, measurement instrument development, data analysis, and results from the outcome evaluation. The report concludes with an overall summary of the initial evaluation findings and recommendations for the program evaluation in the coming years. The summary and recommendations are based on the preliminary outcome findings from the retrospective pretest/posttest; findings from the site visits, key informants interviews, focus groups with families and observations and feedback at trainings and family “reunion” meeting. Appendices including the evaluation instruments and SFP fidelity benchmarks are provided for reference.

Specific Aims for *Celebrating Families!*[™] Program Initiative and Evaluation

Prevention Partnership International (PPI) developed and implemented a new family strengthening program for children of alcohol and drug abusing parents called *Celebrating Families!*[™], in agencies serving alcohol and drug abusing families in the San Jose area. Their specific aims for this program and the evaluation in Year One (Dec. '04 to Jan. 1 '06) were the following:

1. *Write New CF! Curriculum.* To create an evidence-based and highly effective prevention and treatment program, *Celebrating Families!*[™], for children of addicted parents to reduce substance abuse in both abusing parents and their children.
2. *Attract Funding.* To seek funding from local foundations to begin implementation and evaluation to determine effectiveness of *Celebrating Families!*[™].
3. *Recruit Implementing Agencies.* To enact a local strategy for the prevention of substance abuse and juvenile delinquency in youth in three drug and mental health treatments, House on the Hill, Friends Outside, and EMQ – APS (Addiction Prevention Services).

4. *Develop Staff Training and Supervision System for Celebrating Families!™*. To develop and pilot test an improved *CF!* training and technical assistance (TA) system that includes a 3 day training workshop complete with powerpoints, handouts, training manuals, and workshop satisfaction ratings of the trainers. An additional aim of developing a high quality training system is to be in a good position later to disseminate *Celebrating Families!™* more effectively and with fidelity nationally and internationally, as PPI has been doing in Russia and other former Soviet nations (e.g., Uzbekistan).
5. *Increase Public Awareness to Recruit Clients*. To work closely with the Family Treatment Drug Court (FTDC) and other courts and their judges as well as other community agencies to disseminate information through meetings, conferences, and presentations to increase public awareness of *CF!* and generate referrals to *Celebrating Families!™*. An additional aim was to develop an increased awareness of the treatment and prevention needs of children of addicted parents.
6. *Develop and Pilot Test an Improved Process Evaluation System*. To develop, implement, and pilot test a new process evaluation data collection system in this first year evaluation that would include program developer site visits, PPI weekly fidelity checks on Group Leader Notes, fidelity checklists, and end of group Site Fidelity reporting forms. These data forms are used to measure agency and staff competence in delivering *CF!* with fidelity to the model, agency feasibility and success with recruitment, staffing, and client recruitment and retention, and client satisfaction with *Celebrating Families!™*,
7. *Develop and Pilot Test and Improved Outcome Evaluation System*. With the PPI evaluation team to develop and implement an outcome evaluation system to collect and analyze data including new evaluation self report questionnaires from the parents and children on 18 outcome variables measuring child, parent and family positive changes. Additionally the outcome evaluation team recommended along with the Evaluation Director the development of a new Group Leader questionnaire for reporting pre- to posttest changes in the children, parents and family dynamics and relationships.
8. *Increase Program Sustainability by Developing a Funding Sustainability Plan including Proposal Writing*. Another aim this year has been to widen the funding base for *CF!* and to work with the Evaluation Director to write federal grants to the Centers for Disease Control and to Lucile Packard Foundation for Children's Health to increase funding for a research quality evaluation. These grants included funding for agencies implementing *Celebrating Families!*

9. Another aim for the PPI/ LutraGroup staff working on this evaluation project was to also collect pilot data that would indicate *CF!*'s effectiveness to be able to attract Year Two foundation funding for a research quality evaluation.
10. *Establish Celebrating Families!™ as an Evidence-based Model Program.* Many state and federal funding sources are now requiring that a program have randomized control trials for their outcome evaluation to be considered evidence-based. *Celebrating Families!™* is a new program that does not have such evaluation data yet. Hence, a major aim of this Year One process and outcome evaluation was to develop an evaluation system allowing comparisons of *Celebrating Families!™* results to that of an existing evidence-based model that is the most similar, namely the Strengthening Families Program (Kumpfer and DeMarsh, 1985).
11. *Disseminate Positive Celebrating Families!™ Results.* Another specific aim of this program initiative was to disseminate the resulting positive results of *CF!* locally and nationwide to gain acceptance as an effective program for children of addicted parents.

Need and Rationale for Evaluation

Child maltreatment is at unacceptably high levels nationally (2.7 million children) and in Santa Clara/San Mateo Counties (2,582 3-5 year olds) with high costs to society (DHHS, 2003). Approximately 67% of parents with children in the child welfare system abuse drugs to the point of needing substance abuse treatment, but only 31% were able to receive it (CWLA, 2005). In Santa Clara County, the Family Dependency Treatment Court founded by Judge Leonard Edwards (retired) is one of the model courts in the United States promoting effective family treatment to prevent child maltreatment. He requested and has supported the development and pilot of *Celebrating Families! (CF!)* as a parenting companion to drug treatment for addicted parents. A pilot evaluation by San Jose State University Master's Level student (Giorgio Quittan) found positive results in reduction in days to family reunification for families participating in *CF!*.

According to a national search by the ACF Children's Bureau, there are only two promising and no model, effective child maltreatment programs in the nation (Thomas, et al., 2003). Hence a tremendous need exists to find and disseminate effective child maltreatment programs to incorporate into the courts, Child Protective Services (CPS), and the California Child Welfare Redesign. To further test *CF!*'s effectiveness so it can become a national model program, PPI has partnered with another widely disseminate, evidence-based family skills program, called *Strengthening Families Program (SFP)*. This program has a very

similar format and target population--addicted parents. Over 20 years of research on culturally-adapted SFP versions finds consistent positive results of reductions in excessive physical punishment and child neglect (Kumpfer, Alvarado, Smith & Bellamy, 2002). Only recently has SFP attracted the attention of the child welfare system in several cities (Miami, Charlotte, Newark, and Phoenix) and states (Delaware, Kentucky) to collect archival data to demonstrate prevention of child maltreatment.

Partnering with WestEd, the Evaluation Director, Dr. Kumpfer, submitted to the Centers for Disease Control a \$900,000 research grant on February 2 2005 to test SFP and *CF!* in preventing child abuse in Santa Clara County. This First Year Evaluation was very helpful in allowing PPI to develop positive comparative outcome data to SFP that will help them to attract this level of research funding needed to test the effectiveness of *CF!*. Unfortunately, although highly scored, it was not funded. We used this grant to write a Lucile Packard Foundation for Children's Health grant to support funding sustainability and higher quality evaluation data for this project.

CF! Program Description

The model program funded under this initiative was *Celebrating Families!*[™]. Two agencies received no additional program funding support. House on the Hill received limited funding for the program through The Health Trust and Community Foundation of Silicon Valley grants as subcontracts with PPI to deliver *CF!* to 30 families with addicted parents.

Celebrating Families![™] (PPI, Tisch & Sibley, 2004), is a 16 session family program for children ages 6 -11 and their alcohol or drug abusing parents. This program is very similar in format to the Strengthening Families Program, but different in content. In both programs, "parent" is defined as any adult who is responsible for the care of the child.

CF! is a family skills training substance abuse prevention program with similar dosage to SFP. Both programs involve age-appropriate separate curriculums that are delivered together. The family skills training program involves the whole family in groups run typically run on the same night once a week. The parents or caretakers of children attend the *CF!* Parent Program for the first 90 minutes. At the same time their children attend the *CF!* Children's groups. This is followed by a 30 minutes Family Activity.

Theoretical Background and Hypothesized Goals. The *CF!* program utilizes a cognitive-behavioral, support group model, and is designed for families where one or both parents have a substance abuse (SA) problem and there is a risk for domestic violence and/or child abuse. The primary goals of *CF!* are to:

- 1) break the cycles of chemical dependency and abuse within families,
- 2) to decrease the use of alcohol and drugs and reduce relapse for family members with SA problems, and
- 3) to improve the rate of, and reduce the amount of time for, family reunification.

This is accomplished through teaching and modeling healthy living skills and parenting skills, and educating families about the impact of SA on families and individuals. Currently, there is no other program in the United States utilizing the same model as *CF!* (Celebrating Families, 2005).

The design of the program is based upon cognitive-behavioral theory (CBT) which defines human behavior as an interaction of personal, behavioral, and environmental factors that involve cognitive processes in addition to responses to stimuli as a determination for behavior (Stone, 1998). CBT, first proposed by Albert Bandura, is an expansion on social learning theory (SLT) first proposed by Miller and Dollard (1941) which stressed that individuals learn by modeling observed behavior, akin to the stimulus-response model of behaviorism which implies that behavior exhibited by individuals is elicited as a response to specific stimuli (Kearsley, 2006). CBT maintains that, through feedback and reciprocity based upon life experience, cognitive processes also shape our behavior in addition to modeling (Stone, 1998). By relating CBT to SA, it is implied that SA is a learned behavior involving both modeling and cognitive processes. *CF!* models a lifestyle free of SA through the introduction of guidelines and techniques for living a healthy, drug-free life. It is hoped that participants will model these guidelines and techniques learned through *CF!* as a substitute for their previous pattern of SA.

Program Content. *Celebrating Families!* was developed in was developed in 2002 by Rosemary Tisch and Linda Sibley of PPI and Family Resources International for Judge Edward's Family Dependency Treatment Court as a preventive approach to child maltreatment so prevalent in addicted parents *CF!* is based on recent research about brain chemistry, addiction, resilience and asset development. Parent and children's sessions, include skills training sessions on nutrition, feelings, anger management, problem solving, decision making, limit setting, and boundary setting. (For list of topics see www.preventionpartnership.us/pdf/national_demonstration_project.pdf.) Unlike SFP, it also incorporates 12-step recovery principles to help anchor the family in recovery and help children to better understand addictions. Goals are to increase participants' healthy living skills and knowledge of the disease of chemical dependency and its impact on families, including brain chemistry. All participants learn about the "family disease" and roles in the addicted family system. This recovery approach to parenting has only been tested one other time in research (Finkelstein, et al., 2002). A major difference between SFP and *CF!* is that SFP devotes a full hour to structured family practice time including parent/child interactive therapy, whereas *CF!* limits Family Times to 30 minutes, which is devoted more to a family circle time with the whole group. (Many of these families need to learn how to function together and may have never even eaten a meal together before starting *CF!*)

Brief Agency Description. Prevention Partnership International (PPI) is directed by Rosemary Tisch. PPI has one .5 FTE Director and 5 hourly staff housed in Santa Clara County, California. PPI is a division of Family Resources International (FRI), a 501c3 organization incorporated in 1997. FRI has an annual budget of \$233,175 with two .5 FTE and one hourly employee. Its mission is to support family strengthening resources to communities to facilitate healthy living skills. PPI is the developer of Keys to Healthy Living and *Celebrating Families!* (Another well-known curriculum, Kids Are Special, was developed by Rosemary Tisch prior to the establishment of PPI.) PPI raised \$137,760 from private donations, corporations and foundations (Bernard A. Newcomb Foundation at Peninsula Community Foundation, Charter Oak Foundation, Community Foundation of Silicon Valley, The Health Trust, St. Andrews Opportunity Fund and ECW, Saratoga Rotary, and Symantec Corporation) to fund the *CF!* 6-13 pilot study. PPI also funds the pilot from income from *CF!* training workshops offered nationally. LutraGroup, the National SFP Center, in Salt Lake City, Utah has 2.5 FTE (Dr. Whiteside, Managing Partner; Dr. Green, East Coast Coordinator; Dr. Kumpfer, 50 FTE Program Developer/Evaluator) and 32 part time training consultants, who trained 954 staff last year in all states, Canada, and Europe. The LutraGroup annual budget is about \$192,000. The three contracted service sites have large annual budgets and at least 20 staff trained in *CF!*

Delivery Sites. At the time of this report the three agencies, or sites, were approved for funding for delivering the *CF!* in their local community. All are based in the San Jose area and have an expansive network of support services. Services provided are both inpatient and outpatient substance abuse and mental health treatment. Families with addicted parents in treatment whose children are at-risk for substance abuse are recruited from the local community with emphasis on serving families with a history of substance abuse and/or involved with child welfare, in jail or prison, any Drug Court (Criminal, Family or Domestic Violence) or the Family Drug Treatment courts.

Staffing of the Celebrating Families Program

The Project Director, Rosemary Tisch, coordinated program activities including the deliverables on the subcontracts this grant. Linda Sibley served as the major editor for the curriculum. David Sibley, Executive Director ~~CEO~~ of FRI assured effective fiscal management. Dr. Karol Kumpfer, University of Utah professor and original SFP developer, coordinated and provided evaluation services.

Subcontracted Direct Services. The family services staff required to implement both programs (about 5 hours each per week) include two group leaders in each of the parenting and children's classes. A site coordinator arranged meals and childcare for younger infants and toddlers. Because the *CF!* curriculum manuals are very detailed and highly structured, facilitators do not need specialized degrees in counseling or other such fields. Facilitators require 2-3 days of training from two master trainers. *Celebrating Families!* 3-day training is provided by Rosemary Tisch and Linda Sibley from PPI.

The full time or contracted staff-delivered the program in the three proposed agencies

Process Evaluation

Process Evaluation Methodology

A research quality process evaluation was implemented to address the research question of whether the program was implemented as planned. It provides a careful description of the actual program implementation in terms of quality and fidelity to the standardized procedures and provide feedback for program improvement. Program implementation was closely monitored by documenting barriers and successes using the Program Development Model (Gottfredson 1984; Gottfredson, Rickert, Gottfredson & Advani 1984). This model utilizes continuous quality feedback to program implementers based on process data collected during each cohort, as well as *force-field analysis* (Lewin 1951) to identify and overcome program content deviations and barriers to quality implementation.

Process Evaluation Methods. In this first year, we had to develop new process evaluation instruments for client satisfaction and fidelity checklists for site visits and focus group interview guide instruments. Hence, the improved process evaluation included: direct observation, staff and participant interviews and interview surveys, staff logs, notes to the file and project records form the basis of the process evaluations. These were designed to assess effects of program changes, re-staffing, and/or re-budgeting on the program. Documenting program history and context helps identify preexisting and future problems and opportunities. Since *CF!* could serve as a model and training resource for other programs, its history is important to document and disseminate.

Process evaluations were undertaken continuously to: (a) detect barriers to program implementation; (b) track modifications to the intervention; and (c) monitor the effects of the proposed interventions. These evaluation data were both qualitative and quantitative in nature. All process data is summarized in this final annual report describing the number of individuals and families served, the amount of services provided, fidelity of service delivery, costs, and client satisfaction with services. Collaboration activities of partners were documented with collaborator contracts and agreements, weekly conference calls, minutes of meetings, and yearly interviews by the evaluators on a quantifiable family interview forms developed by the Evaluation Director.

Several other process evaluation assessment forms will be used. *Fidelity checklists* (see Appendix) measuring percent of activities covered and quality of delivery were completed by two observers during randomly selected sessions per *CF!* group. Continuous quality improvements were stressed. Client satisfaction assessments and recommendations for improvement of program sessions (see Appendix) are embedded in the post-test and follow-up assessments. Site coordinators will also keep journals of *CF!* archival documents on group activities, products, and memos.

Implementation Objectives/Outcomes

As noted in the Executive Summary, all of the proposed program goals and objectives for this year were met and even exceeded as discussed below.

Original Year One ('05 to '06) Objectives

The process evaluation begins with a report developed by Rosemary Tisch, program developer, summarizing the completion of the PPI contracted program or implementation objectives for this Year One *Celebrating Families!* initiative by PPI. Each objective is listed and is followed by the completion status of each objective.

1. ***To replicate Celebrating Families!™(CF!) with evaluation*** at three community-based sites: House on the Hill, Friends Outside and EMQ – APS Each site will provide groups for 30 family units. Family Treatment Drug Court (FTDC) will continue to receive technical assistance from PPI and will serve 50 family units. A total of 135 adults and 200 children (ages 5-18) will be served by 12/31/05.
 - a. Three community-based sites implemented *CF!* FTDC continues to provide *CF!* groups. The Evaluation Report shows the total number of clients for which there is completed outcome data at 35 families. However, not all families graduated and completed the posttest forms. The total number of families who began and ended with completed tests are included below.

Partner Agency	Ending Date of Cycle (s)	Pre/Post Tests
Friends Outside	(1) May 27, 2005 (2) Feb. 6, 2006	Didn't use current tests 14 parent tests
EMQ – APS	(1) May 16, 2005 (2) Oct. 31, 2005	Didn't use current tests 6 parents tests
House on the Hill	(1) Aug. 22, 2005 (2) March 9, 2006	Didn't use current tests 15 parent tests

Family Night (Social Services' title for *Celebrating Families!*) remains in use at FTDC where approximately 60 families received services. FTDC's evaluation by Center for Applied Local Research will complete their SAMHSA grant late in 2006. That report will be forwarded to funders when available. (It has been requested numerous times.) The SAMHSA evaluation, however, does not include comparisons to evidence-based models or as high quality evaluation instruments as for PPI and this evaluation.

2. To implement local outreach to develop continuing funding for local sites

(such as First Five and Social Services) and conduct presentations and develop contacts leading to a national demonstration project and sustainable funding for the program.

- a. *To increase local awareness*, Rosemary Tisch, Director, presented at Child Abuse Symposium, Opening Ceremonies for House on the Hill and the Opening Meeting of the FASD Task Force.
- b. *To explore continuing funding for community-based sites*:
 1. Meetings were held with First Five's Senior Program Director, Ron Soto, who is very interested in integrating *Celebrating Families!* into their community collaborations. Pat Heller, Site Fidelity Coordinator, is working closely with Ron.
 2. Meetings with Social Services have not proven fruitful - they consider community-based replications of *Celebrating Families!* "competitive" with their Family Night program (their title for *Celebrating Families!*). After several meetings, it was determined that families with "open court cases" will attend Social Services Family Night (*CF!*); families without open cases, including those in jail for other reasons, will be served by community-based sites.
- c. *To find continuing funding*. This objective was met by writing a grant and receiving a 2.5 year grant from Lucile Packard Foundation for

Children's Health received June 2005. This grant funds development and pilot with evaluation of preschool components for *CF!* and Strengthening Families Program (SFP), and provides \$10,000 for each site. FTDC is also implementing the new preschool component.

- d. *To attract sustainable funding thru listing on the SAMHSA's National Registry of Proven, Effective Programs:* Comparing *CF!* to an already listed program has been proposed as an expedient method of achieving listing. SFP is already listed on the Registry. The Lucile Packard grant contains funding for an evaluation comparing SFP and *CF!*
- e. *To develop contacts leading to national demonstration project and sustainable funding has begun.* The week of May 7th, Management met with Directors of the NACOA (National Association of Children of Alcoholics); the National Clearing House for Alcohol and Drug Information (SAMHSA), the Center for Addiction and the Family; Jay Bell Associations (contractor managing the SAMHSA's National Registry of Proven, Effective Programs); and Howard Rosen from Hempfield Behavioral Health, Inc, (implementer of national clinical evaluation projects for model programs.)

3. To publish evaluation results by March 2006.

a. Presentations on the Preliminary Evaluation Report of May 15th was included in the below presentations.

b. Results from new evaluation report will be included in presentations at *Methamphetamine: Child Welfare Impact and Response: A Joint Conference of the Administration for Children and Families' Children's Bureau and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment; Idaho Conference on Alcohol & Drug Dependency (ICADD); National Conference, National Association Drug Court Professionals; and The Chadwick Center's conference on Co-occurrence of Substance Abuse and Child and Family Maltreatment, San Diego, CA.*

A. Population/audience served and numbers reached: Demographic information will be included in Evaluation Report.

B. Specific results/benefits obtained by group: Refer to Evaluation Report.

C. Number of individuals who receiving health benefits. Describe benefits:

- a. Subsidized Services: Clients in FTDC and HOH received substance abuse treatment provided by Dept. of Alcohol & Drug Services.
- b. Risk Reduction: See Evaluation Report.
- c. Health Status Improvement. Refer to Evaluation Report.

1. Research suggests that family-treatment approaches that emphasize communication and skill-building are effective in preventing children of addicted parents from becoming addicts themselves.
 "Studies show that programs that target parents, children and the family itself are more effective in preventing further substance abuse."¹
2. Meta Analytic reviews of randomized clinical trials conclude that treatments that involve family result in: higher levels of abstinence (50 vs. 30%); fewer drug related arrests (8 vs. 28 %)' and fewer inpatient treatment episodes (13 vs. 35%).²
3. Long term evaluation is needed to determine if outcomes and impact persists across sites.
- d. Increased Social Responsibility: See Evaluation Report.
- e. Increased levels of engagement in volunteer roles or other community service activities: See Evaluation Report. *Celebrating Families!* teaches Acts of Kindness for both children and families, requiring that children and families complete one Act of Kindness each week.

D. Unintended consequences of project

- a. Grant from Lucile Packard Foundation for Children's Health on Children's Health for development of Preschool Component and comparison evaluation of *CF!* and SFP. This grant is an exciting continuation of our work with community-based sites, including FTDC.
- b. Referral of clients from Criminal Drug Courts to community-based community based sites (Judge Stephen Manley).
- c. Inclusion of *Celebrating Families!* by Judge Leonard Edwards as mandated component for families in FTDC.
- d. Replication of model in FTDC, El Dorado County, California.
- e. Statewide interest in model - PPI is exploring a grant to replicate the model with several other drug courts in the State that have expressed interest, thanks to support by Judge Len Edwards.
- f. Pilot of model adaptation (*Keys to Healthy Families*) in Moscow, Russia.

¹ Andrew Safyer, interim dean of the School of Social Work and a co-investigator from a collaborative study by School of Social Work and the

Centre for Addiction and Mental Health (CAMH) in Canada. University of Buffalo Reporter, 3/25/04.

² Science Practice Perspectives. Vol. 2 No 2 August 2004 NIDA .

Implementation

A. Describe activities or methods undertaken:

1. Training provided twice yearly for community-based community based sites for existing and new staff (turnover).
2. Technical Assistance & Fidelity Site Visits: Fidelity Site Coordinators for each site review weekly Group Leader Notes and provide feedback, offer phone consultation as needed, attend staff meetings as needed, and observe two sessions each series.
3. Fidelity Site Coordinators meet twice a month with PPI Director.
4. Quarterly site meetings are held to update sites on curriculum changes and provide feedback to authors.
5. Revision of curriculum completed January 2006, based on information from sites and Fidelity Site Coordinators.
6. Training agenda revised based on information from sites and Fidelity Site Coordinators.
7. Extensive support and training for sites on evaluation instruments. Due to our desire to qualify *CF!* for the National Registry of Proven, Effective Programs Evaluation Instruments are significantly more complicated than sites normally use.
8. Extensive interaction with Karol Kumpfer, Ph.D.(national evaluator) to modify existing instruments to remain relevant, but become more user friendly for participants.
9. Focus Groups: In order to capture more implementation on client satisfaction, barriers and successes, Rosemary Tisch and Dr. Kumpfer planned to conduct Focus Groups with graduating participants. The sites agreed to recruit former families to come. This proved difficult, although three different times and places were scheduled and meals offered. Dr. Kumpfer completed focus groups and individual interviews with families at EMQ – APS, but had to conduct one-on-one phone interviews with Friends Outside clients and met with participants at EMQ – APS. At House on the Hill, a focus group was scheduled with Dr. Kumpfer, but none of the families came so she talked with the staff about the implementation barriers and successes. Phone interviews were scheduled with some of the parents later.
 - a. The overall results of these focus groups suggest that the graduating families had experienced major improvements and were very happy with *CF!*. Some very touching personal stories were recounted. These are families who truly need the support and help that *CF!* and these agencies can provide to help heal their families.

B. Obstacles Program Faced

- a. Funding: Sites are still attempting to establish a sustainable funding base for groups. Currently at Friends Outside staff donate their time; House on the Hill staff receive flex time..
- b. Clients: A referral base for *Celebrating Families!* needed to be established. The first groups implemented at each site were not full.
- c. Evaluation Instruments: The extensive, complicated instruments were extremely challenging for participants, particularly those at House on the Hill. In response, Karol Kumpfer changed instruments to a “Retro/Pre-Post Assessment” allowing participants to complete a full set of instruments only once.
- d. Additional staff time was required to modify the existing format of instruments and to train and support site staff in implementation.
- e. “Overwhelming amount of preparation time” was experienced by group leaders during the first series, with many having difficulty covering all material in each session. Pat Heller, PPI Fidelity Site Coordinator, helped staff set priorities and PPI staff edited curriculum between series one and two.
- f. House on the Hill is a residential treatment program with “open” groups, allowing new clients to be added whenever they enter treatment. All other sites providing *Celebrating Families!* provide closed groups.

Budget/Staffing

A. Expenditures: Previously submitted.

B. Changes in key personnel: None.

Use of Volunteers & Other Service Providers/Collaborations

- *Celebrating Families!* is a collaboration of PPI, FTDC, House on the Hill, EMQ – APS - Addiction Prevention Services, and Friends Outside.
- Sites use volunteers to provide child care and to arrange/cook dinners. *CF!* utilizes an Advisory Team of volunteers that helps in all aspects of program implementation from financials and fundraising, to curriculum development and evaluation.
- At Friends Outside, staff volunteered their time to implement *CF!*
- PPI Director is a volunteer.

New Learning/Sharing Experiences with Others

- *Celebrating Families!* trainings provided locally twice a year.
- Meetings with First Five staff to increase use of the curriculum with preschoolers.
- Meetings with Judges Edwards and Manley to increase their awareness of children’s needs and referrals to sites.
- Meetings with Judge Len Edwards replacement – Judge Katherine Lucero.

- Regular contact maintained with participant referral sources – receiving and giving information and feedback.
- Training provided at: *Beyond the Bench* (Judicial Council of California); the *Idaho Conference on Alcohol & Drug Dependency*; *International Conference on Child and Family Maltreatment* sponsored by The Chadwick Center at Children's Hospital; and *Methamphetamine: Child Welfare Impact and Response - A Joint Conference of the Administration for Children and Families' (ACF) Children's Bureau (CB) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT)*; *National Conference of National Association of Drug Court Professionals*.

The Long Term

- FTDC Court: FTDC received an extension on their SAMHSA grant to October 2006 and plans to continue *Celebrating Families!* after the grant ends.
- Criminal Drug Court: Referral of clients continues to grow.
- Community: The partnership with First Five will help community-based sites receive implementation support.
- Organizational growth: The astounding response to *Celebrating Families!* has led PPI to engage a non-profit consultant (Alfredo Vergara-Lobo from Compass Point) to assist in reviewing PPI's organizational structure to build capacity to begin state and national dissemination. (Funding from Bernard A. Newcomb Foundation at Peninsula Community Foundation!). Management and Advisory Teams have met three times with Alfredo to begin the process of identifying an organization (probably of national stature) with proven infrastructure and vision to commit to sustain and grow *CF!* .

Year One Curriculum Revisions

This new program was under revision with improvements made based on continuous quality feedback from the process evaluation site visits by the program developers and staff, as well as interviews and conversations with the agency staff implementing *Celebrating Families!*TM.

Although outside the committed scope of work in this Year One proposal to the local funders, The Health Trust and Community Foundation of Silicon Valley, from June – December 2005 preliminary work was done on an early childhood component for *Celebrating Families!* This is the focus age group of the new Lucile Packard Foundation for Children's Health grant to be developed and tested in Years 2 to 4 compared to the Strengthening Families Program (3 to 5 Years) (Kumpfer & Whiteside, 2006).

Year Two Evaluation Plans: Partnering Also with Lucile Packard Foundation for Children’s Health

As mentioned above the pilot data collected this year helped PPI to be successful in attracting a Lucile Packard Foundation for Children’s Health grant. The proposed project requested \$128,700 over two years (\$86,350 Year One and \$42,350 Year Two) to develop and evaluate the effectiveness of a new preschool version of *Celebrating Families! (CF!)* and of *Strengthening Families* to prevent child maltreatment in the highest risk group—children of substance abusers. Over two years 120 families will receive-services (450 unduplicated individuals) representing at least 120 3-5 year old children, possibly another 150 older siblings, and at least 150 parents/caretakers (grandparents, foster parents, etc). About 100 families will graduate with posttest and about 80 will complete 6-month follow-ups. Services will be provided at four agencies: EMQ – APS, House on the Hill, Friends Outside, and one site yet to be determined). Each of these agencies is partially funded to conduct *CF!* and SFP family skills training groups for thirty 12-15 families each.

Year One Outcome Evaluation

Methodology

Hypotheses

Based on the research literature and prior *CF!* outcome results, the primary hypothesis of this study is that *CF!* participation will be associated with reductions in child maltreatment and its precursor risk and protective factors in child, parent, and family outcome. Hence, it was hypothesized that *CF!* would show improvements by the posttest as compared to the pretests in the following outcome objectives:

1. Improved Child Cognitive and Behavioral Outcomes.
2. Improved Parent’s’ Cognitive and Parenting Skills
3. Improved Family Communication, organization, cohesion, and reduced family conflict

Additional hypotheses included:

- 95% of participants will increase in knowledge of disease of CD and impact on families. Measured by Adult Cognitive and Youth Cognitive tests. By end of program 100% of clients had increased their knowledge of CD, however the amount of increase in knowledge was very small because almost 100% of the adults and teenage youth in CF already knew about the disease of CD at pretest prior to entering the program.

- 90% of participants will develop better communication and coping skills. Measured by Moos Family Communication scale, we found significant improvements in the family communication with a large effect sizes especially for House on the Hill clients (mean change = 1.71) on a 5-point Lykert scale.
- 80% of participants will increase their ability to connect with safe people, appropriately express feelings and anger, problem solve and make decisions. Measured by Gresham and Elliott Social Skills scales we found 100% of participants increased in social skills with large changes in the children averaging about a mean change of .21 for HOH and .51 for FO with effect sizes of ($d' = 1.28$).
- increases in parenting knowledge, skills, supportiveness, and efficacy,
- increases in positive parent/child relationships, family organization and order, family communication skills, and family strengths and resilience,
- increases in children's social and emotional competencies, and
- decreases in children's social isolation, conduct problems, and aggression.
- reduced number of days to family reunification (if child removed) or case resolution (if child not removed yet).
- reductions in future CPS child support investigations and reported cases of child maltreatment,
- declines in parental use of excessive physical punishment,

We expected *CF!* to be equally effective for families regardless of gender, ethnicity or referral source.

Experimental Design

A major aim of the proposed project is to test the effectiveness of the *Celebrating Families!* in reducing child abuse and neglect. An ideal design (as shown in Figure 2 that was proposed in the CDC *CF!* grant) is a *true, group-randomized, experimental design* will be used with *repeated measures (pre-, posttest, and 6 and 12-month follow-up)* to control for most threats to internal validity (Cook & Campbell 1979; Murray 1998). However, in this first year, there was no randomized control or comparison group implemented by the same agencies.

Hence, the design is a non-experimental pre to posttest design. This design primarily determines whether the families improved by the posttest. It does not control for threats to internal validity, hence, it is not possible to determine if the interventions really caused the changes to the families, which a true experimental design will do as proposed in the research grants and L. Packard Foundation. To form another type of control group, we did a preliminary check to see if *CF!*'s outcomes are comparable to SFP on the same 18 outcome variables. We conducted ANOVA analyses of *CF!* compared to SFP national norms. Both interventions also include treatment as usual (TAU) in the drug courts and other social services. Hence the outcomes by the posttest cannot be

entirely attributable to *CF!* or SFP without having a any treatment control group of randomized families.

Table 1. *Non-Experimental Pre and Posttest Design with SFP Norm Comparison*

	Pre-test	Interventions	Post-test
Group #1 <i>CF!</i> (N=35)	O	CF! + TAU	O
Group # SFP (N=1200)	O	SFP + TAU	O
O = observations or measurement points SFP = Strengthening Families Program CF! = Celebrating Families (the Santa Clara County standardized existing parenting program) TAU = Treatment as Usual Bolded characters correspond to treatment group.			

By making comparisons later with subgroups within the data set we can address additional questions about whether the program was more or less effective for different subgroups. This will create a quasi-experimental design called a post hoc statistical design (Campbell & Stanley, 1979). This is the design used for the comparison of Hispanic and non-Hispanic families in this *CF!* database this summer by Kent Colman for his master’s degree at San Jose State University. See appendix for report on outcomes.

Figure 2. *Proposed True Experimental Design*

	Pre-test	Interventions	Post-test		6-month Follow-up	12-month Follow-up
Group #1 (N=288)	O	SFP + TAU	O	Booster	O	O
Group #2a (N=144)	O	CF! + TAU	O	Booster	O	O
Group #2b (N=144)	O	Par + TAU	O	Booster	O	O
O = observations or measurement points SFP = Strengthening Families Program CF! = Celebrating Families (the Santa Clara County standardized existing parenting program) Booster = SFP and <i>CF!</i> Booster Sessions TAU = Treatment as Usual Bolded characters correspond to treatment group.						

Study Setting

To insure a high base rate of child maltreatment referral agencies were to be the Family Drug Treatment program and social services agencies in Santa Clara County, CA. In Santa Clara County, three drug treatment and family

services agencies are currently implementing the *Celebrating Families* and participating in the outcome evaluation process: House on the Hill, Friends Outside, and EMQ – APS. These agencies were trained to implement *CF!* programs serving high risk, substance abusing parents can be recruited and enrolled in the program. Actual program activities take place at these agency's facilities in the evenings.

These agencies serve mostly low-income families, with disproportionate percentage of Hispanic families. Each participating community site had sufficient space for all *CF!*-associated services—including at least three rooms for child care, children's skills, and parent training sessions. The substance abuse treatment providers offer varying levels of care for substance abuse, ranging from intensive care requiring 24-hour supervision to less intensive treatment such as outpatient counseling.

Participants

For this outcome evaluation study, there were a total of 37 adult participants. These are not all of the *CF!* participants in FY '05, but the total of those who completed the retrospective pretest and posttest and had valid data for analysis by LutraGroup for this study by May '06. Although the *CF!* Program includes multiple family members and an evaluation of parents and children, this outcome evaluation study focused upon the parents or caretakers completing the *CF!* Parent Retrospective Pre and Posttest Questionnaire. All subjects were voluntary participants in the *CF!* program for substance abusers and their families at the three participating agencies. Some of these families had been referred by the courts to the program and strongly encouraged to complete it, but all were voluntary participants as they could select other programs to participate in or not participate.

Demographics of Outcome Study Participants. The demographic characteristics of the study participants are listed below. Subjects were males and females from different ethnicities with at least one parent from each family identified as a substance abuser.

Gender of Parents or Caretakers. As shown in the table below, the gender for adults in *CF!* who completed the instruments in Fall of 2005 consisted of 30 females (81.1 %) and 5 males (13.5 %) with 2 missing values. It is generally found that mothers or grandmothers are the most likely participants in the program. However, about a third of the participants in the program were men—either fathers, step fathers, or divorced fathers. At EMQ – APS . almost all of the families had a male figure participating. Even though many were divorced or separated from the mothers, they still came and participated actively in *CF!*.

Table: Gender of Adults		
Female	30	81.1%
Male	5	13.5%

Ethnicity. The ethnicity for *CF!* participants consisted of 13 Hispanics (35.1 %), 7 Other Minorities (18.9 %) and 15 Whites (40.5 %) with 2 missing values. The primary language for *CF!* participants included 31 English speaking participants (83.8 %) and 4 Spanish speaking participants (10.8 %) with 2 missing values.

Table: Ethnicity of Adults		
White	15	40.5%
Hispanic	13	35.1%
Other	7	18.9%

Age of Parents or Caretakers. The mean age for adult participants in *CF!* was 37.31 years (SD = 10.037).

Total Family Income. The mean total family income from all sources for *CF!* participants was \$33,600 (SD = \$47,973).

In later analyses with a larger sample size, explicit attention will be paid to detecting subgroup (e.g. gender, race/ethnicity, family structure) differences in program effectiveness. Kent Coleman, MSW, did conduct a subgroup analysis of the Hispanic participants compared to the non-Hispanic families as this group had almost as many as the White families. These results will be reported in the Results section. (Full report available from Rosemary Tisch, Director.)

Participants in the SFP National Data Comparison Study. In order to create some type of comparison group for the *CF!*, we compared *CF!* data to that of the total of 820 adults completing the Strengthening Families Program nationally. It was possible to conduct this comparison analysis using ANOVA because both programs are comparable in dosage of 15 weeks of family groups. Also the *CF!* instruments were developed by Dr. Kumpfer to include the same scales and questions on the same retrospective pre and posttest instrument or survey. The families in SFP are very similar, as SFP was designed and tested with addicted families in outpatient mental health and methadone maintenance

treatment. However, some of these families are at lower risk because they are sometimes not in treatment or referred by the drug courts.

Definition of Unit of Assignment and Analysis. For this report we had outcome data on a total of 37 families although more participated in CF!. This included only those participants graduating who also completed both the pre and posttest. For the analysis, the unit of analysis was the family. The whole “family” is defined as all people living in the family household. The total family is encouraged to participate. Prior research suggests most families will have two or four members participants in the parenting programs (1-2 parents or caretakers, foster parents, grandparents, and all children in family). However only one “target” child 3-18 years old is selected (the reported abused child) for testing program effects. Additionally, because all family members (including infants, toddlers, and adolescents) are encouraged to attend the family session, the total number of family members involved in this evaluation is higher. When more than one parent participants, both complete evaluation instruments and their participation is tracked in outcome and process evaluation.

Outcome Instrument Development

In the Spring of 2005, Dr. Kumpfer and the evaluation team, Rosemary Tisch, Pat Heller, Shirley Sparks, and Makenzie Gallegos worked with the providers in multiple meetings to develop improved testing instruments with community input. They were finalized in August 05 for training by Makenzie, for implementation with the new Fall 05 groups. Hence, the agencies used two different type of instruments that made the evaluation more difficult. This will be easier in the future. The new *CF!* testing instruments now include:

1. New parent retrospective pre and posttest to better control for response bias
2. New child and youth instruments
3. New Group Leader report on the parents and youth.

Instruments were pilot tested in the spring of 2005 and made the official forms for all sites in August 2005. Hence we have used these new standardized self report questionnaire forms since August 2005 with *CF!* groups implemented in three agencies, EMQ – APS ., House on the Hill, and Friends Outside.

Measures

The outcome measures in this Year One evaluation included primarily standardized self-report measurement instruments or scales with proven high psychometric properties (e.g., change sensitivity, internal consistency and reliabilities above alpha = .60). A challenge this year was to create evaluation instruments that match the goals and objective of both programs and to also include those used by both programs in the past. In prior research, SFP has primarily been evaluated using parent, child, therapist and teacher self-report measures in three major domains: the family environment, children’s well-being,

and parenting (see *Exhibit 3*). In our experience and that of other family researchers (Dishion & Andrews, 1996, Spoth, et al., 2004) the parent's self-report slightly underestimates the amount of parent improvement in child maltreatment compared to more objective measures, but does serve as a good proxy measure.

The parents, children over 9 years, trainers (therapists) and group leaders will rate improvements in the family environment (reduced family needs, stress, conflict and increased family strengths and parent/child attachment), in child behaviors (reduced hyperactivity, aggression and conduct disorders), and parenting skills (reduced excessive punishment and reports of suspected family violence or child abuse). Because Dr. Kumpfer is also the evaluator for both programs SFP and *Celebrating Families!*, these measures are being used by both SFP and *CF!* and the collaborating agencies have already been trained to collect these data for existing services. These measures are described below, and are presented in the Appendix. The Parent Assessment was modified for use by the Group Leaders which was an extra task not anticipated, but will improve triangulation of the data to determine if validity of the child and parent self-report data.

Family Environment Measures. The Basic Family Needs (12-items) and Family Strengths Assessment (12-items) is a brief 5-point checklist created by Karol Kumpfer and Carl Dunst for the American Humane Association to improve measurement of outcomes in child abuse and neglect cases. We have found these two scales to be good intake screeners for case managers to determine family needs and family strengths that should be drawn upon in the family plan. They are also very sensitive to change, and tap positive changes in the family environment. Family conflict, organization, communication, and cohesion will be measured by subscales (10-items each) on the Family Environment Scale (Moos 1974). Reported cases of child abuse and child protective service referrals will be assessed from CPS agency records.

Child Measures. The risk and protective factor precursors of child abuse and neglect include negative child behaviors and lack of effective discipline methods. Child aggression, conduct disorders, and depression are measured by the Kellam Parent Observation of Children's Activities (POCA) and the Teacher Observation of Children's Activities (TOCA, assessed by group facilitators). These measures are modified versions of Achenbach and Edelbrock's (1988) Child Behavior Checklist (CBCL). The POCA/TOCA has a five-point scale and is more sensitive to change than the CBCL. Children's problem solving and social and life skills will be measured by selected items from the CDC Youth Risk Behavior Survey used for California's Healthy Kid Initiative and from Gresham and Elliot's (1990) Social Skills Scale.

Parent Measures. Parenting efficacy and skills are measured by the 8-item Hawkins' CTC scales and the 10-item Kumpfer Parenting Skills scale. Alcohol and illicit drug use (substance use rates, expectation to use, and attitudes about use) will be measured using CSAP/GPRA drug use measures,

which were originally used in the *Monitoring the Future Surveys* and *National Household Surveys* (Johnston, Bachman & O'Malley 1997; OAS 2000). Parental depression will be measured by the widely used Beck Depression Inventory (Beck & Beamesderfer 1974) with high reliability and validity (Beck 1974).

Figure 4. *Hypothesized Outcomes and Measures*

<u>Long Term Goal</u>	<u>Measure</u>
1. Decrease child abuse and neglect	1. SFP testing instrument, SFP/YFS staff observations/ratings, CPS and court records.
2. Decrease CPS referrals	2. CPS and court records
<u>Family Change Objectives</u>	
1. Increase positive parent/child relationship	1. Moos Family Environment Scale (FES) for family cohesion
2. Reduce family conflict	2. FES – family conflict
3. Increase family organization & order	3. FES – family organization
4. Increase family communication skills	4. FES – family communication
5. Increase family strengths & resilience	5. Family Strengths Assessment
6. Reduce family basic needs	6. Family Basic Needs Assessment
<u>Child Change Objectives</u>	
1. Increase life & social skills	1. CDC YRBS and Gresham & Elliot Social Skills Scale
2. Reduce loneliness and number of friends	2. SFP Child Instrument
3. Reduce conduct problems & aggression	3. POCA/TOCA scales
<u>Parent Change Objectives</u>	
1. Increase parenting knowledge	1. SFP parent instrument
2. Increase parenting- skills and efficacy	2. SFP parent/group leader instrument
3. Decrease excessive physical punishment	3. SFP parent/group leader instrument
4. Increase parental supportiveness	4. SFP parent/group leader instrument
5. Decrease depression	5. Beck Depression Inventory
6. Decrease substance use/misuse	6. 30-day alcohol, tobacco, and drug use

Retrospective Pre- and Post-tests. To check for bias on the pre-test due to lack of trust in the confidentiality of the data (found more often in disenfranchised ethnic immigrant youth and families for illegal behaviors such as child and drug abuse), a short retrospective pre-test and post-test (see Appendix C) will also be administered at the posttest and compared to the pre-test. With this procedure, found effective in school-based studies of drug-abusing adolescents (Rhodes & Jason 1987) and family intervention programs (Pratt, Mcguigan, & Katzev, 2000), the parents and youth are asked about their baseline (pre-test) behavior again on the post-test. This retrospective pre-test data is then correlated with the actual pre-test data to determine the degree of potential bias. If the actual and retrospective items are not consistent, statistical adjustments will be performed in the analyses. This simple three-page parent or youth test covers over 18 outcome variables listed above. The Evaluation Director has used this testing method in other studies involving immigrant Latino, Asian, and African American parents, youth, and their teachers; because intervention staff believed subjects were more honest about sensitive questions on the post-test than the pre-test. If clients under report their negative maltreatment behaviors on the pre-test, but are more honest on the posttest, programs can appear to have negative results, when they actually had positive results.

Data Entry and Analysis

The new data had to be entered and analyzed using a new SPSS database with new computer syntax written that took more time than expected.

Preliminary Data Analysis. All outcome data was entered by research assistants and reviewed for errors. Standard data analysis procedures will be used, including preliminary descriptive checks for outliers, univariate, and cross-tabular analyses to check out-of-bounds and illogical values, and analyses of missing data patterns. For most analytic procedures, moderate to highly skewed variables will be transformed to closely approximate a normal distribution.

Missing Data. For these analyses only participant's who had data for both the pre and posttest were included in the analysis. The retrospective tests will assure that. However, there can still be cases with missing values (leastwise deletion) adversely affect the efficiency of our estimates and will result in invalid inferences regarding the effects of predictor variables on our outcomes unless data values are missing completely at random (King, Honaker, Joseph & Scheve 2000; Little & Rubin 1987; Schafer 1997). In the case of the *CF!* evaluation, the reader will notice that the N changes in the outcome reports by the type of outcome. This shows how many people completed that scale for which there was sufficient data to calculate that scale variable. We did not to missing data attributions as we can do in the future using mean substitution or using Schafer's (1997) multiple imputation methodology to impute missing values.

Data Included in this Outcome Analysis

This new analysis includes data on 35 parents participating in *CF!* group implementations as listed: two groups at Friends Outside, two at EMQ – APS ., and two at House on the Hill. The number of parents who participated was larger. However, the sites didn't begin using the new testing instruments until last fall so only the second groups at each site were included in this analysis.

Three community-based sites implemented *CF!* . In addition Family Treatment Drug Court (FTDC) continues to provide *CF!* groups. (FTDC utilizes different evaluation instruments and is not included in this report.) The Evaluation Report shows the total number of clients for which there is completed outcome data at 35 families. However, not all families graduated and completed the posttest forms. The total number of families who began and ended with completed tests are included below.

Partner Agency	Ending Date of Cycle (s)	Pre/Post Tests
Friends Outside	(3) May 27, 2005 (4) Feb. 6, 2006	Didn't use current tests 14 parent tests
EMQ – APS	(3) May 16, 2005 (4) Oct. 31, 2005	Didn't use current tests 6 parents tests
House on the Hill	(3) Aug. 22, 2005 March 9, 2006	Didn't use current tests 15 parent tests

As can be seen from the Table below comparing the results for this evaluation period include 35 parents on the new *CF!* outcome forms including the retrospective pre and posttest data.

Although the resulting sample size is moderate at only 35 parents with completed pre- and post-tests across the three sites on six *CF!* groups or cohort, there are significant positive results with large effect sizes. This is very important because these outcome results are similar to those found for the Strengthening Families national outcome data using the same testing instruments. The positive results we find in this outcome data analysis is that by the post-test significant improvements are shown in all of the outcome variables listed below:

Table 1 Significance Levels and Effect Sizes by Outcomes

Protective Factor	Sig. Level (p=)	Effect Size (d')
1. Positive Parenting	.000	2.35 (very large)
2. Parent Involvement	.000	1.91 (large)
3. Parenting Skills	.009	.95 (large)
4. Parenting Efficacy	.000	2.81 (very large)
5. Parenting Supervision	.000	2.76 (very large)
6. Family Organization	.000	2.97 (very large)
7. Family Cohesion	.000	2.27 (very large)
8. Family Communication	.000	2.89 (very large)
9. Family Conflict	.063	.72 (large)
10. Family Strengths/Resilience	.0000	3.12 (very large)
11. Child Overt Aggression negative result)	.04	-.74 (large, but
12. Child Concentration Problems	.000	2.49 (very large)
13. Hyperactivity	.004	1.42 (very large)
14. Parent Depression	.000	1.50 (very large)

The outcome results were very positive for parent and family outcomes as discussed below. Because all outcomes were hypothesized to have positive changes based on prior research, we could have used a one-tailed test of significance. This means that all p values less than .10 could be considered significant positive changes. However, there were so many very large p values that we didn't apply one-tailed tests of significance. Hence, all of the above listed outcome variables were shown to have significant positive changes even with a small sample size of only 35 pre and posttests. In addition the effect sizes or d' are very large suggesting that *CF!* is resulting in very positive changes in the parents and the family interaction patterns.

Changes in the children take longer to modify. The one negative change in the children is a predictable change found in children of mothers who come to a residential treatment facility. The parent report of an increase in overt aggression in their children that resulted in the total *CF!* increase was due primarily to House on the Hill parents. These parents reported a very large increase in aggression that occurs when the children finally feel safe. For awhile they increase their acting out, reduce their fear and parentification or reversed parent/child roles. Within several months they settle back down. It is of interest that the other two agencies had slight reductions in aggression. Another possible interpretation is that there could be some negative contagion effect occurring of the youth in the groups.

Taken as whole, these results are very positive for the newly evaluated six groups within the three sites suggesting positive changes in the parenting skills of the parents and family relationships that are beginning to have positive results in reducing problem behaviors in the children.

Following the final outcome analysis of additional cycles and tests, extended findings of the outcome evaluation will be available. These FY 05 results provide an indication of the effectiveness of the *Celebrating Families!* program and find that it is effective and creating significant positive changes in parents, children and the families.

Parent Positive Changes of the New *CF!* Outcome Variables

Reported below are the positive results of the pre to post test changes in the parents that are similar to those measured for the children. Most of these results are statistically significant with very large effect sizes indicating the parents are increasing their social and emotional skills as well as their health promotion skills. The risk of addiction is decreasing overall, but there are statistically significant outcomes only for Friends Outside parents. There is missing data for House on the Hill for risk of addiction reducing their number of responses. There is not enough data on the two other sites on this outcome to determine impact.

The results suggest large positive outcomes for Social Skills, Emotional Skills, Coping Skills, and Health Promotion Skills in the program with p values less than .05. Some are over .05 but the Effect Sizes are very large.

Table 2: Parent Changes for Celebrating Families Evaluation Project									
April-06									
Celebrating Families Parents									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	Effect size
Coping/Social Skills	20	3.29	0.82	3.71	0.95	0.41	7.75	0.012	1.28
Friends Outside	12	3.21	0.63	3.73	0.78	0.51	4.94	0.05	1.34
EMQ – APS .	6	3.90	0.39	4.19	0.54	0.29	2.40	0.18	1.39
House on the Hill	2	1.93	1.31	2.14	1.62	0.21	1.00	0.50	2.00
Reduced Risk of Addiction	19	2.95	1.26	3.93	0.75	0.98	15.08	0.001	1.83
Friends Outside	12	3.14	1.43	4.00	0.64	0.86	7.17	0.02	1.61
EMQ – APS .	6	2.72	0.93	3.78	1.05	1.06	4.79	0.08	1.96
House on the Hill	1	2.00		4.00		2.00			NA
Parent Social Skills	30	3.22	0.75	4.11	0.42	0.90	49.98	0.000	2.63
Friends Outside	14	3.13	0.63	4.16	0.46	1.03	37.75	0.00	3.41
EMQ – APS .	6	3.88	0.50	4.22	0.34	0.34	5.29	0.07	2.06
House on the Hill	10	2.95	0.84	3.99	0.41	1.04	16.68	0.00	2.72
Parent Emotional Skills	29	2.91	1.03	4.30	1.39	1.40	19.43	0.000	1.67
Friends Outside	13	2.68	0.78	4.05	0.76	1.37	30.00	0.00	3.16
EMQ – APS .	6	3.92	0.53	4.39	0.34	0.47	4.09	0.10	1.81
House on the Hill	10	2.60	1.21	4.58	2.24	1.98	5.75	0.04	1.60
Parent Health Promotion Skills	29	2.94	0.99	4.46	0.44	1.52	58.20	0.000	2.88
Friends Outside	13	2.87	0.96	4.59	0.39	1.72	34.79	0.00	3.41
EMQ – APS .	6	3.96	0.40	4.57	0.36	0.61	17.18	0.01	3.71
House on the Hill	10	2.43	0.88	4.23	0.49	1.80	24.23	0.00	3.28

Child Positive *CF!* Outcomes by Variable and Site

Reported below are the positive results of the pre to post test changes in the children that are similar to those measured for the parents. There is a pattern of mixed results for the children, with some improving (depression, covert aggression, and social skills) and some decreasing (overt aggression and hyperactivity) as reported by the parents. Most of these results are marginally statistically significant because of the small sample size.

The results suggest positive outcomes for the children's Covert Aggression at FO and decreased ADD or concentration problems at all three sites. Depression was reduced in HOH children. The effect sizes are relatively large so over time the children will have more statistically significant results. Changes in the children take longer to modify.

Although both FO and EMQ – APS . parents reported decreases in children's overt aggression, HOH reported significant negative results ($p = .01$) in increases in overt aggression by the children by the posttest. This increase in children is a predictable change found in children of mothers who come to a residential treatment facility. The parent report of an increase in overt aggression in their children that resulted in the total *CF!* increase was due primarily to House on the Hill parents. These parents reported a very large increase in aggression that occurs when the children finally feel safe in the residential setting. Temporarily they many increase their acting out because of reduced fear and parentification or reversed parent/child roles. Within several months they settle back down. It is of interest that the other two agencies had slight reductions in aggression. Another possible interpretation is that there could be some negative contagion effect occurring of the youth in the groups. There are counterbalancing positive changes in the HOH children's social skills and reduction in their depression.

Table 3: Child Pre- to Posttest Outcomes across Three Agencies

Celebrating Families! Program Evaluation Results: Child Outcomes									
April-06									
Celebrating Families!									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size
Overt Aggression	34	2.09	0.86	2.51	1.20	0.42	4.55	0.040	0.74
Friends Outside	14	2.18	1.08	2.06	0.96	(0.13)	1.59	0.23	0.70
EMQ – APS .	6	1.83	0.38	1.76	0.32	(0.07)	1.82	0.24	1.21
House on the Hill	14	2.11	0.77	3.28	1.26	1.17	9.14	0.01	1.68

Covert Aggression	23	1.98	0.47	1.85	0.71	(0.13)	0.99	0.331	0.42
Friends Outside	11	2.05	0.26	1.70	0.34	(0.35)	23.00	0.00	3.03
EMQ – APS .	6	1.56	0.25	1.53	0.31	(0.03)	1.00	0.36	0.89
House on the Hill	6	2.28	0.67	2.45	1.15	0.18	0.14	0.73	0.33
Concentration (reduced ADD)	26	3.20	0.97	3.77	0.80	0.57	38.69	0.000	2.49
Friends Outside	12	3.26	0.86	3.84	0.78	0.58	14.93	0.00	2.33
EMQ – APS .	6	3.76	0.72	4.00	0.55	0.24	3.96	0.10	1.78
House on the Hill	8	2.68	1.12	3.49	0.98	0.81	38.16	0.00	4.67
Criminal Behavior	20	1.13	0.39	1.15	0.67	0.02	0.02	0.891	0.06
Friends Outside	12	1.21	0.50	1.25	0.87	0.04	0.02	0.89	0.08
EMQ – APS .	6	1.00	0.00	1.00	0.00	0.00	NA	NA	NA
House on the Hill	2	1.00	0.00	1.00	0.00	0.00	NA	NA	NA
Hyperactivity	22	2.70	1.07	3.07	0.90	0.36	10.61	0.004	1.42
Friends Outside	12	2.07	0.86	2.71	0.90	0.64	14.73	0.00	2.31
EMQ – APS .	6	3.22	0.54	3.28	0.44	0.06	1.00	0.36	0.89
House on the Hill	4	3.83	1.00	3.83	1.00	0.00	0.00	1.00	0.00
Sociability	24	3.60	0.73	3.82	0.75	0.22	0.86	0.362	0.39
Friends Outside	12	3.59	0.65	3.57	0.93	(0.02)	0.00	0.96	0.03
EMQ – APS .	6	3.96	0.36	3.98	0.32	0.02	1.00	0.36	0.89
House on the Hill	6	3.27	1.06	4.15	0.51	0.88	3.25	0.13	1.61
Child Depression	33	2.42	1.07	1.61	0.57	(0.82)	17.93	0.000	1.50
Friends Outside	14	2.13	0.92	1.78	0.57	(0.35)	2.24	0.16	0.83
EMQ – APS .	6	1.58	0.34	1.50	0.32	(0.08)	2.50	0.17	1.41
House on the Hill	13	3.12	1.05	1.47	0.63	(1.65)	31.16	0.00	3.22
NA = not calculated because of 0 variability in the sample									

Family Positive Changes in CF! Outcome Variables

Reported below are the positive results of the pre to post test changes in the family environment or the family relationships. Most of these results are very positive and statistically significant with very large effect sizes indicating the families are increasing their communication skills, family organization, and family cohesion. However, there is a statistically significant increase in family conflict primarily because of negative outcomes only for House on the Hill families. These families are in crisis with a family member in residential treatment and this could lead to increased conflict.

Overall Family Strengths and Resilience has improved dramatically suggesting that these families are finally getting the social services and health support that they need from the participating agencies.

Table 4: CF! Family Pre- to Posttest Outcomes Across Three Agencies

Celebrating Families! Program Evaluation Results for Family Outcomes									
April-06									
Celebrating Families!									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size
Family Organization	35	2.64	1.01	3.90	0.76	1.26	74.82	0.000	2.97
Friends Outside	14	2.55	0.97	3.85	0.82	1.30	28.30	0.00	2.95
EMQ – APS .	6	3.88	0.90	4.17	0.66	0.29	5.98	0.06	2.19
House on the Hill	15	2.23	0.68	3.85	0.78	1.62	84.32	0.00	4.91
Family Cohesion	33	3.35	1.11	4.65	0.54	1.30	41.25	0.000	2.27
Friends Outside	13	3.88	0.65	4.69	0.38	0.81	27.00	0.00	3.00
EMQ – APS .	6	4.17	0.75	4.67	0.41	0.50	7.50	0.04	2.45
House on the Hill	14	2.50	1.02	4.61	0.71	2.11	35.77	0.00	3.32
Family Communication	35	2.96	0.88	4.19	0.71	1.22	70.79	0.000	2.89
Friends Outside	14	3.02	0.70	4.14	0.87	1.12	21.86	0.00	2.59
EMQ – APS .	6	4.11	0.66	4.36	0.46	0.25	5.87	0.06	2.17
House on the Hill	15	2.45	0.66	4.16	0.66	1.71	122.34	0.00	5.91
Family Conflict	30	2.59	0.79	2.77	0.88	0.18	3.73	0.063	0.72
Friends Outside	13	2.50	0.68	2.63	0.69	0.13	0.96	0.35	0.56
EMQ – APS .	6	2.67	0.26	2.67	0.26	0.00	0.00	1.00	0.00
House on the Hill	11	2.66	1.10	2.98	1.25	0.32	2.96	0.12	1.09
Overall Family Strengths/Resilience	34	3.00	0.92	4.43	0.55	1.43	80.23	0.000	3.12
Friends Outside	13	3.09	0.86	4.62	0.18	1.53	44.72	0.00	3.86
EMQ – APS .	6	3.74	0.66	4.25	0.64	0.51	12.56	0.02	3.17
House on the Hill	15	2.63	0.90	4.34	0.69	1.71	45.67	0.00	3.61
NA = not calculated because of 0 variability in the sample									

Individual Agency Differences in Effects

As shown in the Table below there are significant differences in the degree of positive outcomes reported by the sites, possibly because of sample size. The sample size for EMQ – APS . was very small (n = 6). One interesting difference is that there are reported increases in child overt aggression by parents at House on the Hill, which is a residential treatment facility. In prior evaluations we have found that when parents do go for residential treatment, the children finally feel they can relax their “perfect” behaviors in taking care of their parents. This is sometimes interpreted by the parents as becoming less well behaved. In fact, sometimes the children do go through a phase of acting out. This is a normal process of healing and the children will return to their more normal behaviors with time and improved parenting skills by the parents. They also could be reacting to increase parenting and supervision by the parents where in the past they were more “in charge”. The change in the family system can be disruptive and cause a phase of acting out in the child. The increases in family conflict reported by the sites could be a result of this change in the family dynamics with the parent going into recovery.

When there is additional data from the new groups using these new evaluation instruments, we will be in a better position to interpret these differences in outcome across the sites.

Table 5: CF! Pre- to Posttest Outcomes for Parent, Family and Child Outcomes across Three Agencies

Celebrating Families! Program Evaluation Agency Comparison Results									
April-06									
Celebrating Families!									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size
Positive Parenting	34	3.64	0.96	4.75	0.40	1.12	45.74	0.000	2.35
Friends Outside	14	3.95	0.68	4.69	0.46	0.74	20.12	0.00	2.49
EMQ – APS .	6	4.39	0.85	4.67	0.42	0.28	2.36	0.19	1.37
House on the Hill	14	3.00	0.89	4.86	0.31	1.86	57.99	0.00	4.22
Parental Involvement	31	3.21	1.13	4.32	0.69	1.11	27.40	0.000	1.91
Friends Outside	12	3.38	1.03	4.29	0.78	0.92	7.37	0.02	1.64
EMQ – APS .	6	4.29	0.62	4.54	0.33	0.25	2.50	0.17	1.41
House on the Hill	13	2.56	0.99	4.24	0.73	1.69	26.32	0.00	2.96
SFP Parenting Skills	35	2.79	0.74	3.16	0.69	0.37	7.67	0.009	0.95
Friends Outside	14	2.67	0.41	3.04	0.36	0.37	5.83	0.03	1.34
EMQ – APS .	6	2.83	0.34	2.87	0.30	0.03	1.00	0.36	0.89
House on the Hill	15	2.89	1.05	3.39	0.95	0.51	3.35	0.09	0.98

Family Organization	35	2.64	1.01	3.90	0.76	1.26	74.82	0.000	2.97
Friends Outside	14	2.55	0.97	3.85	0.82	1.30	28.30	0.00	2.95
EMQ – APS .	6	3.88	0.90	4.17	0.66	0.29	5.98	0.06	2.19
House on the Hill	15	2.23	0.68	3.85	0.78	1.62	84.32	0.00	4.91
Family Cohesion	33	3.35	1.11	4.65	0.54	1.30	41.25	0.000	2.27
Friends Outside	13	3.88	0.65	4.69	0.38	0.81	27.00	0.00	3.00
EMQ – APS .	6	4.17	0.75	4.67	0.41	0.50	7.50	0.04	2.45
House on the Hill	14	2.50	1.02	4.61	0.71	2.11	35.77	0.00	3.32
Communication	35	2.96	0.88	4.19	0.71	1.22	70.79	0.000	2.89
Friends Outside	14	3.02	0.70	4.14	0.87	1.12	21.86	0.00	2.59
EMQ – APS .	6	4.11	0.66	4.36	0.46	0.25	5.87	0.06	2.17
House on the Hill	15	2.45	0.66	4.16	0.66	1.71	122.34	0.00	5.91
Parental Supervision	34	3.16	0.95	4.19	0.46	1.03	60.83	0.000	2.76
Friends Outside	13	3.11	0.63	4.13	0.38	1.02	34.49	0.00	3.39
EMQ – APS .	6	4.17	0.69	4.40	0.44	0.23	4.62	0.08	1.92
House on the Hill	14	2.77	1.02	4.16	0.53	1.39	44.37	0.00	3.69
Parenting Efficacy	35	2.97	1.12	4.40	0.48	1.43	67.22	0.000	2.81
Friends Outside	14	2.81	0.95	4.36	0.50	1.55	43.01	0.00	3.64
EMQ – APS .	6	4.00	0.84	4.56	0.50	0.56	7.35	0.04	2.43
House on the Hill	15	2.71	1.19	4.38	0.47	1.67	30.52	0.00	2.95
Family Conflict	30	2.59	0.79	2.77	0.88	0.18	3.73	0.063	0.72
Friends Outside	13	2.50	0.68	2.63	0.69	0.13	0.96	0.35	0.56
EMQ – APS .	6	2.67	0.26	2.67	0.26	0.00	0.00	1.00	0.00
House on the Hill	11	2.66	1.10	2.98	1.25	0.32	2.96	0.12	1.09
Alcohol & Drug Use	34	2.51	0.89	1.80	0.86	(0.71)	32.90	0.000	2.00
Friends Outside	13	2.36	0.89	1.51	0.54	(0.85)	23.25	0.00	2.78
EMQ – APS .	6	1.97	0.51	1.58	0.57	(0.39)	17.50	0.01	3.74
House on the Hill	15	2.86	0.92	2.13	1.07	(0.73)	9.75	0.01	1.67
Overall Family Strengths/Resilience	34	3.00	0.92	4.43	0.55	1.43	80.23	0.000	3.12
Friends Outside	13	3.09	0.86	4.62	0.18	1.53	44.72	0.00	3.86
EMQ – APS .	6	3.74	0.66	4.25	0.64	0.51	12.56	0.02	3.17
House on the Hill	15	2.63	0.90	4.34	0.69	1.71	45.67	0.00	3.61

Overt Aggression	34	2.09	0.86	2.51	1.20	0.42	4.55	0.040	0.74
Friends Outside	14	2.18	1.08	2.06	0.96	(0.13)	1.59	0.23	0.70
EMQ – APS .	6	1.83	0.38	1.76	0.32	(0.07)	1.82	0.24	1.21
House on the Hill	14	2.11	0.77	3.28	1.26	1.17	9.14	0.01	1.68
Covert Aggression	23	1.98	0.47	1.85	0.71	(0.13)	0.99	0.331	0.42
Friends Outside	11	2.05	0.26	1.70	0.34	(0.35)	23.00	0.00	3.03
EMQ – APS .	6	1.56	0.25	1.53	0.31	(0.03)	1.00	0.36	0.89
House on the Hill	6	2.28	0.67	2.45	1.15	0.18	0.14	0.73	0.33
Concentration	26	3.20	0.97	3.77	0.80	0.57	38.69	0.000	2.49
Friends Outside	12	3.26	0.86	3.84	0.78	0.58	14.93	0.00	2.33
EMQ – APS .	6	3.76	0.72	4.00	0.55	0.24	3.96	0.10	1.78
House on the Hill	8	2.68	1.12	3.49	0.98	0.81	38.16	0.00	4.67
Criminal Behavior	20	1.13	0.39	1.15	0.67	0.02	0.02	0.891	0.06
Friends Outside	12	1.21	0.50	1.25	0.87	0.04	0.02	0.89	0.08
EMQ – APS .	6	1.00	0.00	1.00	0.00	0.00	NA	NA	NA
House on the Hill	2	1.00	0.00	1.00	0.00	0.00	NA	NA	NA
Hyperactivity	22	2.70	1.07	3.07	0.90	0.36	10.61	0.004	1.42
Friends Outside	12	2.07	0.86	2.71	0.90	0.64	14.73	0.00	2.31
EMQ – APS .	6	3.22	0.54	3.28	0.44	0.06	1.00	0.36	0.89
House on the Hill	4	3.83	1.00	3.83	1.00	0.00	0.00	1.00	0.00
Sociability	24	3.60	0.73	3.82	0.75	0.22	0.86	0.362	0.39
Friends Outside	12	3.59	0.65	3.57	0.93	(0.02)	0.00	0.96	0.03
EMQ – APS .	6	3.96	0.36	3.98	0.32	0.02	1.00	0.36	0.89
House on the Hill	6	3.27	1.06	4.15	0.51	0.88	3.25	0.13	1.61
Depression	33	2.42	1.07	1.61	0.57	(0.82)	17.93	0.000	1.50
Friends Outside	14	2.13	0.92	1.78	0.57	(0.35)	2.24	0.16	0.83
EMQ – APS .	6	1.58	0.34	1.50	0.32	(0.08)	2.50	0.17	1.41
House on the Hill	13	3.12	1.05	1.47	0.63	(1.65)	31.16	0.00	3.22
NA = not calculated because of 0 variability in the sample									

Family Outcomes From Child Self Report and Group Leader Report

As can be seen in the following Table 6 below, the total outcomes for the parents, children and family relationships have all improved even by the immediate post-test for CF. There was considerable missing data for the child self-report data below with only 13 respondents. However, these responses match the outcomes from the group leader ratings of the families as well. This additional group leader rating of the family was added to this CF evaluation even to improve triangulation of the data to verify better the reliability of the child reports. The alpha values and factor analyses still need to be conducted on these new scales but they are similar to the standardized testing scales from the parent's self reports.

Table 6: Child Self Report and Group Leader Report on Child Changes

Strengthening Family Program Evaluation Project									
July-06									
Analysis for Celebrating Families									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size
Parental Support	13	3.50	0.93	3.94	0.78	0.43	7.13	0.020	1.54
Discipline	13	2.97	0.36	3.09	0.24	0.11	2.63	0.131	0.94
Parental Communication	13	2.87	0.87	3.29	0.90	0.42	9.37	0.010	1.77
Family Conflict	13	2.23	0.94	2.01	0.83	(0.22)	2.50	0.140	0.91
Parental Antisocial Behavior	13	1.38	0.69	1.10	0.28	(0.28)	2.56	0.136	0.92
Child Communication Skills (Leader Rating)	29	3.14	0.45	3.67	0.49	0.53	70.33	0.000	3.17
Child Communication Skills (Child Rating)	12	3.12	0.92	3.60	0.57	0.48	5.91	0.033	1.47
Overt Aggression (Leader Rating)	29	2.42	0.68	2.14	0.58	(0.28)	29.72	0.000	2.06

Overt Aggression (Child Rating)	13	2.33	0.73	2.06	0.51	(0.27)	2.90	0.114	0.98
Covert Aggression (Leader Rating)	18	1.13	0.27	1.08	0.26	(0.04)	1.89	0.187	0.67
Covert Aggression (Child Rating)	13	1.65	0.88	1.52	0.86	(0.12)	1.79	0.206	0.77
Child Depression (Leader Rating)	29	2.61	0.54	2.50	0.44	(0.11)	2.50	0.125	0.60
Child Depression (Child Rating)	13	2.16	0.54	2.08	0.55	(0.08)	0.83	0.381	0.52
Child Hyperactivity (Leader Rating)	28	2.75	1.01	2.54	0.80	(0.20)	13.33	0.001	1.41
Child Hyperactivity (Child Rating)	13	2.55	0.65	2.22	0.73	(0.34)	2.34	0.152	0.88
Child Social Skills (Leader Rating)	31	3.33	0.58	3.76	0.48	0.43	16.45	0.000	1.48
Child Resilience (Leader Rating)	30	3.38	0.54	3.82	0.50	0.43	17.82	0.000	1.57
Child Substance Use Knowledge (Leader Rating)	29	2.78	0.55	4.14	0.55	1.36	105.14	0.000	3.88
Child Healthy Behaviors (Leader Rating)	29	3.33	0.67	3.61	0.63	0.28	13.95	0.001	1.41

***CF!* Preliminary Comparisons to SFP Outcomes**

As mentioned earlier, one goal is to get *CF!* accepted as an evidence-based model like SFP. Hence, developing identical outcome surveys allowed the LutraGroup evaluation team to make preliminary comparisons in effect sizes or amount of change by the posttest in *CF!* families to SFP families.

Parenting Outcomes. These results in the following table suggest that *CF!* has slightly more positive results for some parenting outcomes such as Positive Parenting, but not as good as SFP for changes in Parental Supervision or

Parenting Efficacy. Parental Involvement increased more for CF! but possibly because the lower rate at baseline pretest in *CF!* addicted parents. Not all parents in the national database are addicted parents, which is the reason for the much higher Alcohol and Drug Use rate reported in the *CF!* families and larger reduction in ATOD use.

Family Outcomes. Most of the changes in the family were positive, particularly of Family Communication for both programs. The only exception was Family Conflict that was discussed for the individual *CF!* sites above. Family Organization improved equally for both programs. Family Cohesion improved more for the *CF!* families. Family Strengths and Resilience improved in both programs but increased more for *CF!* than SFP. The families in recovery are such as state of crisis that any support provided by the participating agencies is very helpful in improving their family resilience.

Child Outcomes. As mentioned earlier, there was a mixed pattern of results for the children. Most of the changes in the positive direction, particularly for Children's Depression that was better for the children in *CF!*. The two programs were equivalent for outcomes for the Children's Social Skills, Concentration (ADD) Improvements and Criminal Behavior. The only exception to this positive pattern was the increase in Overt Aggression and Hyperactivity that was discussed before under the Site Analysis.

It should be stated again that these results are based on a very small sample size of 35 families. However, the results are promising of stronger results in the future when in Year Two we have true comparison groups with the same agencies running both programs. Without at least a quasi-experimental design and only a non-experimental design in this evaluation in Year One, these results are only suggestive of equivalent results of *CF!* with an evidence-based program SFP.

Table 7: Comparison of SFP and CF! Outcomes

Strengthening Family Program Evaluation Project									
May-06									
Comparative ANOVA Analysis of CF! and SFP National Database Norms									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size
Positive Parenting							9.04	0.00	0.21
Celebrating Families	34	3.64	0.96	4.75	0.40	1.12			
Overall	802	3.67	0.96	4.39	0.71	0.72			
Parental Involvement							12.15	0.00	0.24
Celebrating Families	31	3.21	1.13	4.32	0.69	1.11			
Overall	791	3.44	0.99	4.07	0.84	0.63			
SFP Parenting Skills							0.07	0.79	0.02
Celebrating Families	35	2.79	0.74	3.16	0.69	0.37			
Overall	802	3.25	0.69	3.60	0.69	0.35			
Family Organization							1.55	0.21	0.09
Celebrating Families	35	2.64	1.01	3.90	0.76	1.26			
Overall	801	2.49	0.87	3.56	0.84	1.07			
Family Cohesion							16.82	0.00	0.28
Celebrating Families	33	3.35	1.11	4.65	0.54	1.30			
Overall	799	3.44	0.97	4.16	0.79	0.72			
Communication							8.42	0.00	0.20
Celebrating Families	35	2.96	0.88	4.19	0.71	1.22			
Overall	805	3.02	0.79	3.87	0.73	0.86			
Parental Supervision							15.08	0.00	0.27
Celebrating Families	33	3.16	0.95	4.19	0.46	1.03			
Overall	807	3.12	0.76	3.71	0.64	0.59			

Parenting Efficacy							28.00	0.00	0.37
Celebrating Families	35	2.97	1.12	4.40	0.48	1.43			
Overall	802	3.18	0.84	3.89	0.77	0.72			
Family Conflict							13.90	0.00	0.26
Celebrating Families	30	2.59	0.79	2.77	0.88	0.18			
Overall	793	2.09	1.05	1.80	0.80	(0.28)			
Alcohol & Drug Use							98.68	0.00	0.69
Celebrating Families	34	2.51	0.89	1.80	0.86	(0.71)			
Overall	793	1.67	0.66	1.61	0.64	(0.06)			
Overall Family Strengths/Resilience							23.13	0.00	0.33
Celebrating Families	34	3.00	0.92	4.43	0.55	1.43			
Overall	805	3.30	0.86	4.12	0.68	0.82			
Overt Aggression							59.77	0.00	0.53
Celebrating Families	34	2.09	0.86	2.51	1.20	0.42			
Overall	820	2.20	0.74	1.86	0.54	(0.34)			
Covert Aggression							0.90	0.34	0.07
Celebrating Families	23	1.98	0.47	1.85	0.71	(0.13)			
Overall	798	2.06	0.63	1.83	0.52	(0.23)			
Concentration							2.30	0.13	0.10
Celebrating Families	26	3.20	0.97	3.77	0.80	0.57			
Overall	821	3.02	0.72	3.43	0.71	0.41			
Criminal Behavior							0.49	0.48	0.05
Celebrating Families	20	1.13	0.39	1.15	0.67	0.02			
Overall	774	1.13	0.42	1.10	0.34	(0.03)			

Hyperactivity							10.62	0.00	0.23
Celebrating Families	22	2.70	1.07	3.07	0.90	0.36			
Overall	780	2.71	0.92	2.68	0.88	(0.03)			
Sociability/Social Skills							0.04	0.84	0.01
Celebrating Families	24	3.60	0.73	3.82	0.75	0.22			
Overall	799	3.62	0.74	3.85	0.68	0.23			
Child Depression							20.40	0.00	0.31
Celebrating Families	33	2.42	1.07	1.61	0.57	(0.82)			
Overall	819	2.23	0.79	1.92	0.64	(0.31)			

Evaluation Plans for Year Two

To rectify the lack of a true comparison group in Year Two, with the help of Lucile Packard Foundation for Children’s Health funding, the evaluation will be stronger for the following reasons:

1. Implement an Experimental Design with Dosage Equivalent Comparison Group. The participating agencies are to implement both *Celebrating Families!*[™] and the evidence-based Strengthening Families Program.
2. Conduct Comparative Data Analysis. The *CF!* program will then be compared to SFP outcome results and if they are still equivalent for *Celebrating Families!*[™] when run by the same agencies with similar clients, then the data would suggest the *Celebrating Families!*[™] should be considered an effective program.
3. Write Journal Article on *CF!* Outcome Results. The LutraGroup Evaluation Director and staff propose to partner with the *CF!* program developers, Rosemary Tisch and Linda Sibley to write several publication on the development and content (Tisch and Sibley primary authors including process evaluation with Pat Heller) and on the outcome effectiveness of *Celebrating Families!*[™] compared to Strengthening Families Program (Kumpfer, Cofrin primary authors).
4. Apply For Model SAMHSA Program Status for *Celebrating Families!*[™] with SAMHSA and other state and federal agencies who are determining in reviews of the practice and research literature, which programs have evidence of effectiveness.

5. Improve the Process and Outcome Evaluation Methodology. Based on this years experience with multiple staff working on the evaluation that had to be coordinated by Dr. Kumpfer and Rosemary Tisch, we recommend that in the next few years of the Lucile Packard Foundation for Children's Health grant that Dr. Kumpfer be responsible primarily for the outcome data entry and analysis and that part of the final evaluation report. Rosemary Tisch of PPI should be the primary person responsible for the process evaluation on *Celebrating Families!*TM and write up on that section of the final report. Dr. Kumpfer would write up any process evaluation on Strengthening Families or half of the process evaluation.

Recommendation for Evaluation Improvements in Year Two

It has been a pleasure to work with staff from PPI this year on this evaluation. This first year has been much more work than expected for all concerned because of having to create new testing instruments, forms, new SPSS data bases, and writing new analysis syntax for the parent and child outcome data. In addition, additional site visits were conducted to assure sites were implementing *CF!* with quality and fidelity. The Evaluation Director, Dr. Kumpfer, was also gracious enough to fly to San Jose area to conduce extra focus groups with graduating parents as all three sites, which was outside of the scope of work for this evaluation.

Recommendations for Improvements in the Evaluation

1. *Revisit Management of the CF! Process Evaluation.* The process evaluation section of the evaluation should be totally conducted by PPI staff since they know their program better. Pat Heller under contract from PPI has conducted the site visits and written up her observations on the LutraGroup evaluation forms and sent them to LutraGroup. In the future, since PPI has contracted to Pat Heller for the data gathering on the implementation quality and fidelity as well as the developers of *CF!* are local. PPI staff should summarize the process evaluation reports to be combined with LutraGroup's outcome evaluation report.
2. *Revisit Management of the SFP Process Evaluation.* There are limited travel funds for only one SFP site visit by LutraGroup staff to conduct observations on the SFP program when the three sites begin observation this Fall of 2006. The same agencies will begin implementing SFP. however, because they are already have implemented *CF!* for several years, their could be contamination in both directions of the program materials. However, only the LutraGroup staff understands the curriculum. Possibly through attending the SFP training, the PPI contractor (Pat Heller, Cari Santibanes or other group leader supervisors) could be trained to conduct these site visits using our site forms. A discussion between PPI and

LutraGroup on this is recommended at the July 31st to August 2 SFP Training Workshop for the site group leaders and site coordinators.

3. *Streamline the Outcome Evaluation Process.* In this next year, the written forms, coordinating with multiple partners working on this evaluation, and meeting the deadlines will be easier because much of this has been completed in this first year. However, we need to assure that we have trained staff for the data entry in the new database revised by Dr. Cofrin. LutraGroup will assume responsibility for the outcome data entry and analysis.
4. *Develop a System to Collect Child Abuse Data.* We have been frustrated in our attempts to find a mechanism to collect child abuse data this year. This beyond the scope of this year's evaluation contract, however PPI and LutraGroup are still hoping to get it. Rosemary Tisch has an appointment with Norma Sparks at Social Services to explore options to get the data.
5. *Assure Equality in the Implementation Enthusiasm for the Strengthening Families Program.* The sites have been implementing *CF!* and will now be doing SFP. We need to monitor contamination effects between the programs and to assure equal enthusiasm in doing SFP as the sites are mostly loyal to the *CF!* program at this point. They are not convinced that they need to implement SFP also to serve as a comparison group for *CF!*.
6. *Find a Fourth Site to Implement *CF!* and SFP.* The L. Packard Foundation grant specifies that to have a sufficient sample size and balanced design we need four agencies, not three. The Asian American Recovery Services in San Jose did help to develop a preliminary SFP 3-5 version but staff has changed and they have been hard to contact about committing the extra funding to implement SFP. At the SFP training July 31 to August 1st, we hope to attract another agency to participate as several are attending.
7. *Attract Families of Preschoolers.* For the new grant the agencies will have to recruit families with preschoolers whereas now the focus is on elementary and junior high school children.
8. *Develop a Data Gathering Systems for the Child Abuse Data.* The new grant specifies in the outcome evaluation measures (shown below in the Figure), that we would collect court or social service data as indicators of reduced child maltreatment following participation in *CF!* or SFP. We also need to consider locating a no treatment comparison group in the drug court data or social services data. In a past *CF!* evaluation, a graduate student who worked in social services was able to gain access to the records. These data collected were days to reunification and rate of reunification. They compared *CF!* plus drug court to no *CF!* or drug court and found 73% of families reunify with both but without drug court only 33% reunify. Time

to reunify was much shorter at 6 – to 12 months vs. 36 months. We will continue to focus on gathering the court records and try to contract with a social services employed to collect these data. With assurances that we only need group summary data, rather than personal family data, possibly we can get approval to get access in Year Two.

YEAR TWO EVALUATION: PROPOSED GOALS, OBJECTIVES, AND OUTCOMES

The major goal in Years Two and Three (2006-07) with the Lucile Packard Foundation for Children's Health is the development and testing of the effectiveness of the *Strengthening Families Program* and the *Celebrating Families!* early childhood versions to increase parenting skills and reduce child maltreatment. A detailed chart of these Goals, Objectives, Activities and Measurements is included below.

Family Skills Training: Preschool SFP and CF!

Area 1: Protect Children from Injury, Ages 0-5, with an emphasis on preventing neglect, child abuse and other forms of intentional injury.

Goal: To reduce the incidence of abuse and neglect among children 0-5 in Santa Clara County and San Mateo County, through developing, providing, and evaluating two promising family skills training programs—Strengthening Families and Celebrating Families.

Strategy/Objective	Indicators (long-term impacts)	Benchmarks (short-term outcomes)	Activities
<p>1. SFP curriculum manuals developed by LutraGroup in 6 months and CF! manuals developed by PPI in 7 months.</p> <p>2. Group leader training workshops (3-days) for 20-40 staff within 7-8 months in SFP and CF!</p> <p>3. Implement the Preschool SFP and CF! for 120 court-referred families (150 parents/ caretakers and 150 preschoolers and 150 older siblings) by Month 7 to 20.</p>	<p>More culturally-appropriate and effective program as measured by child maltreatment outcomes.</p> <p>Increased leader effectiveness measured by outcomes and quality and fidelity checklist process measures</p> <p>Reduced child maltreatment, improved parenting behaviors, parent/child attachment, reduced child neglect, decrease court and CPS costs.</p>	<p>Increased buy-in by providers and families measured by client and agency satisfaction measures</p> <p>Agency staff demonstrate competence in lessons and rate SFP/CF! workshop high on workshop evaluations.</p> <p>Improvements in family risk, protective, and resilience factors, such as positive changes: Parenting Skills Children’s Development Family Bonding</p>	<p>1. Collaborate with parents and agency staff, program developer to write new manuals.</p> <p>2. Develop training of SFP/CF! group leaders workshop materials, powerpoints, exercises, agendas, and graduation certificates.</p> <p>3. By May 2007, 120 high risk families of 3-5 year old children will enroll and participate in one of 8 classes in SFP or CF! offered by four agencies (EMQ – APS ., AARS, House on Hill, Friends Outside)</p>

Outcome Measures: Process evaluation measures including workshop evaluations, four random site visits by two evaluators using fidelity and quality checklists per group, and group leader and parent group satisfaction measures. Outcome evaluation measures include pre-, post- and 6 month-tests (including retrospective pre-tests at posttest) to control testing x treatment interaction and lack of trust effects. Data is triangulated by asking parents/ caretakers, group leaders, and family case managers to rate children and parents on same standardized self-report instruments (currently being pilot tested in these four agencies). Archival CPS and court records will also be collected. Statistical significance and effect sizes (ES) are calculated for 20 outcome variables (child, parent, and family variables) comparing SFP and CF!. If possible with CDC funds, we will also collect pre-, post, and follow-up-test data on families in treatment as usual (TAU) groups for comparison to SFP and CF!.

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