



Strengthening Washington, D.C. Area Families Project

Helping Children by Helping Families

A report from the
Metropolitan Washington Council of Governments

“How do we expect to raise good members of society without putting some effort into it?”

The question by Alexandria resident Michelle Hogan sums up the central point of the Strengthening Washington, D.C. Families Project. In 1998, the Metropolitan Washington Council of Governments (COG) initiated a five-year, research initiative to test the effectiveness of a model family program, the Strengthening Families Program (SFP) in enhancing parenting skills and strengthening family functioning. The effort marked the first time COG had undertaken a research project funded by the National Institutes of Health's National Institute on Drug Abuse (NIDA).

COG received \$1.8 million over five years to test the value of SFP in a multi-jurisdictional approach mainly for African American families. COG formed a partnership with nationally recognized researchers from two universities. The University of Utah, which developed SFP, trained staff and administered the research grant. The University of Maryland collected evaluation research information and conducted data analyses.

COG gave all jurisdictions in the region an opportunity to participate through public agencies or private, non-profit entities. From a number of applicants, five organizations were selected and agreed to sign on including the following:

District of Columbia

Marshall Heights Community Development Organization, Inc. (MHCDO)

Northern Virginia

Alexandria Department of Mental Health, Mental Retardation, and Substance Abuse Services

Suburban Maryland

City of Rockville Department of Youth, Family and Community Services

Montgomery County Pre-Release Center
Prince George's County Health Department

The COG Drug Prevention and Education Committee initiated the project based on recommendations from William Bukoski, Ph.D. who indicated that NIDA, The Center for Substance Abuse Prevention (CSAP), the U.S. Department of Education and the Office of Juvenile Justice and Delinquency Prevention had judged SFP to be effective.

The Strengthening Families Program (SFP) is an evidence-based, family skills training program that, in prior research studies, has been found to improve significantly parenting skills, reduce problem behaviors in children and improve school performance, thereby reducing delinquency and alcohol and drug use in teenagers.

The SFP has been evaluated a number of times by independent evaluators, but never in such a large scale, multi-site, random clinical trial with primarily African American families, leading NIDA to fund the research.

The unique feature of the program is that it involves the whole family. Parents attend a one hour parenting class while the children attend a children's skills training class. In the second hour, the family participates in family practice time and fun family activities. The program is 14 sessions long. Each class involves instruction, activities and homework to reinforce what was learned. The goal of the Washington, D.C. area SFP was to test whether this approach could work in

the region. At the outset, researchers wanted to know how easy it would be to replicate SFP across diverse sites and whether it was more effective than a single program (parent only/child only) or a four session class with only minimal contact.

What The Results Showed

Despite the complexity of conducting the Strengthening Washington, D.C. Area Families Project program in five separate sites while maintaining strict research protocols, the project did achieve positive outcomes including the following:

- ▶ A large-scale research project can be implemented with fidelity in the field
- ▶ SFP achieved positive results for families
- ▶ Site coordinators, trainers and families liked the program and gave it relatively high marks for effectiveness





Outcome #1 — Project Successfully Conducted

Evidence of a successful collaboration between researchers and practitioners resulted in large numbers of participants and consistent involvement of families. The program enrolled 763 families, which included more than 1600 parents and children, and data collected on their involvement. Of these families, 715 were assigned randomly to the four different types of classes. An additional 48 families participated in a full SFP program in the last year to test SFP outcomes in a more normal recruitment and participation process. Seventy-five percent of the families were African American and 94% were from single parent families. Over 53% were low-income families making less than \$20,000 per year. The distribution of these families was as follows:

- ▶ 15% from the Alexandria Department of Health, Mental Retardation and Substance Abuse Services
- ▶ 21% from Marshall Heights Community Development Organization
- ▶ 17% from Montgomery County Pre-Release Center
- ▶ 23% from the City of Rockville Department of Community Services
- ▶ 24% from Prince George's County Health Department

Of these participants,

- ▶ 70% completed the post-test
- ▶ 64% completed the six-month post-test
- ▶ 53% completed a one-year post-test

According to program developer, Dr. Karol Kumpfer, “The most important question for this study was whether a complex family program like the Strengthening Families Program could be implemented well with fidelity and quality and achieve the same positive results as in smaller, more controlled

research studies?” Prior studies suggest that when an evidence-based program is taken to scale, the results suffer. The good news was that the Washington, D.C. area SFP staff and practitioners achieved this high level of replication fidelity with 92% of the information being covered in the parent sessions, 91% in the children’s sessions, and 62% in the family sessions.

Outcome #2 — Positive Results for Families

SFP had positive effects on some important risk and protective factors that often foretell later problem behavior despite the challenges faced in implementation. To determine program effects, the research examined 12 outcome factors in the pre- and post-tests including the following:

- ▶ Child school progress
- ▶ Child anti-social behavior
- ▶ Child sociability and decreased shyness
- ▶ Child hyperactivity/impulsivity
- ▶ Child social skills
- ▶ Parent alcohol problems
- ▶ Parent depression
- ▶ Parenting confidence
- ▶ Consistency in discipline
- ▶ Family organization
- ▶ Family cohesion
- ▶ Family conflict

The Strengthening Families Program (all three classes) showed positive results when: the program was implemented in a fashion consistent with the model, evaluators rated delivery as above average, 90% of the curriculum was delivered, the risk of the children was relatively high and the program was delivered weekly rather than twice weekly format that was used in some sites. Under those conditions, SFP showed significant positive effects for the following:

- ▶ Child social skills
- ▶ Parental confidence in parenting
- ▶ Child school progress
- ▶ Child anti-social behavior

In addition, SFP also increased parent reports of family cohesion and reduced parent reports of child shyness above and beyond improvements shown in the parent only training sessions.

The Parent Training class showed positive effects in the following outcome variables:

- ▶ Reduced child shyness or increased sociability
- ▶ Decreased family conflict

The Children’s Skills class reduced levels of impulsiveness among the children, increased social skills and increased parental confidence in parenting.

Outcome #3 — Participants Liked the Program

Quality is another area of importance and on a three-point scale, the site coordinators and group leaders gave the child sessions a quality rating of 2.81, the parent sessions 2.84 and the family sessions a 2.64. The coordinators and trainers also were very satisfied with the SFP and on a five-point scale, gave the family sessions a satisfaction rating of 4.4, the parent sessions 4.65 and the child sessions 4.3.

Probably the best advocate for the program's success is one of the participants. "I knew I was in the right place the first day," said parent Michelle Hogan of Alexandria. "It was an answer to my prayers." At the time she was experiencing problems with her first grade child and the school was recommending special education. In the SFP classes, she learned how to communicate. "I didn't realize how to ask for things and how to be polite," she said. The situation with her child has turned around completely. "He is no longer eligible for the special education program and he's academically soaring. I have peace [in my home]. The program works," she said.

How SFP Works

The original Strengthening Families Program was developed in 1983 by Dr. Karol Kumpfer at the University of Utah on a NIDA research grant. It was developed for very high risk children of drug abusers in response to requests for help from drug-abusing parents at a methadone maintenance clinic. In the parent classes, participants learn how to relate to their children and what can motivate good behavior and change bad behavior. During session two, for instance, parents are instructed on what constitutes normal child development. Children often are thought to be misbehaving, when in fact they are only acting in a way characteristic of their age and stage of development, such as the "why" stage at four years old and the touchy, irritable behavior of a typical 10 to 11 year old. The program helps parents understand what a child is capable of doing and how to respond appropriately without letting stress interfere.

The Parenting Class has parents focus first on family strengths and the children's positive characteristics. Next, parents learn communication skills to use with children, such as giving clear directions and solving problems. The last part of the class focuses on effective discipline, including consistent and reasonable consequences. Parents also become more aware of their parenting style by monitoring and recording their children's good and bad behaviors and how the parent responded.

The Children's Class focuses on helping the children improve their behavior, including speaking and listening skills. They learn to understand their feelings, improve social skills, solve problems, resist peer pressure, comply with parental rules, handle anger, share feelings and deal with criticism. They also learn how to say "no" to a situation that might get them in trouble. In addition, they find out about the negative effects of alcohol and drug abuse and how to stay safe when

family members are high or intoxicated. Games, activities and songs are used to reinforce instruction. The children also have homework such as practicing listening to or talking with members of their family.

The Family Class brings parents and children together to practice their new communication and relationship building skills. The family also participates in fun family activities including learning to play a game where children select play activities for the family and one where parents practice giving instructions and teaching the child cultural arts.

During the 14 sessions, families learn three basic skills:

- ▶ How to increase their child's good behaviors by paying attention and rewarding behaviors they like.
- ▶ How to improve family communication and problem solving by learning basic communication skills.
- ▶ How to decrease their children's bad behaviors by learning the best way to ask a child to do things and what to do if they don't.

Problem areas are identified such as bedtime, being in public places or visiting others along with suggestions on appropriate ways to handle each situation. Helping with homework is also stressed because poor academic achievement is a major risk factor for alcohol and drug use and delinquency. Parents are encouraged to show an interest in learning and to focus on what the child does well.

All three classes recommend regular family meetings so members can talk to one another, discuss problems and learn how to plan fun family activities. Family meetings can increase family unity, cooperation, love, mutual respect and organization and decrease conflict and last minute crises.

How SFP Was Implemented in the Washington, D.C. Area

In the Washington, D.C. metropolitan area, families had to meet the following criteria:

- ▶ Have a child between the ages of 7-11
- ▶ Be fluent in English
- ▶ Have a parent or guardian willing to participate in the program
- ▶ Be screened and registered through one of the five sites in the region

Also, a research design was used to try and learn about the different effects of each of the SFP components. Eligible families were randomly assigned to participate in one of the following four groups:

- ▶ Full SFP program as described above
- ▶ Parent training component only
- ▶ Child training component only
- ▶ Minimal treatment (four videos on health, wellness, and violence subjects)

To encourage families to participate and complete the program, the following incentives were provided:

- ▶ A complete dinner at each session
- ▶ Financial incentives at the pre-test, first, third, seventh and final sessions
- ▶ Small gifts for attendance throughout the program for children and parents
- ▶ Aid with transportation, childcare and tutoring services

Under the administrative guidance of COG Project Director Carol Small and Dave Robertson, then Director of COG's Department of Human Services, Planning and Public Safety, the large, multi-site research project hired, trained and supervised a total of 76 staff members. Luckily, COG hired a high quality Project Coordinator, Susie Johnson, M.SW., to manage all aspects of the complex implementation plan. Each local agency hired a half-time site coordinator, two co-leaders per class and child care providers. The University of Maryland researcher, Dr. Denise Gottfredson, and University of Utah Project Directors (PIs), Dr. Karol Kumpfer and Dr. Rose Alvarado, also hired research assistants to conduct site visits, collect and analyze evaluation data and write and publish reports.

The first task for each local agency was to find and contract with leaders experienced in group work with families and children. They were trained in two-day SFP group leader workshops by the program developer and supervised by the local site coordinators, who also recruited the families.

Because most participating agencies did not have their own clients from which to recruit families, recruitment posed some difficulties. Robert Sizemore, the site coordinator from Alexandria, touched base with community service providers in the city and gave presentations to explain the program and its benefits and incentives. "[In recruitment] you have to be careful and very clear with participants and make sure they know what they are buying into," he said.

Several of the Washington area site coordinators praised the three-component SFP program. "The protocol was good in terms of doing a class for parents, a class for kids and then getting them together," said Jane Sachs, site coordinator of the Montgomery County Pre-Release Center. The instruction, practice and reinforcement through homework lessons also put structure into the participants' lives. The behaviors were repeated and reinforced throughout the 14 sessions.

What the Research Examined

The program outcomes were determined by comparing the parents' and child's behaviors before the program began, after completion and at 6 and 12 months as measured by short self-report surveys. The parent survey asked for information on the child's school progress, antisocial behavior, shyness/lack of sociability, hyperactivity/impulsivity and social skills.

Parents also were asked to report on their own behavior and that of their family in terms of alcohol or drug problems, depression, confidence in parenting, consistency in discipline, family organization, family cohesion, and family conflict. The child surveys measured peer drug models, negative peer associations, intent to use drugs, availability of drugs, harmfulness of drugs, social skills, rebellious behavior, impulsiveness, parental supervision, parental consistency in discipline, time spent with parents and closeness to parents.

The quality of the program implementation was also measured. Group leaders rated the quality of each session by marking down how much each participant shared and supported other members, the participant's motivation and interest and the appropriateness of content. They also kept attendance and homework completion logs on families. Researchers attended sessions to conduct fidelity checks to see if the program was being implemented as written in the curriculum manuals.

All together, the research component represented a comprehensive review and analysis to determine the effectiveness of SFP in a multi-jurisdictional environment with a majority African American audience. As Robert Sizemore noted, "This good solid research [will enable users] to draw strengths from [the project] in the future. It paves the way for people to use [the program]."



Conclusion

“The Strengthening Washington, D.C. Area Families project provides an excellent example for the nation of how researchers and practitioners can work together to produce high quality information about what it will take to get model prevention programs to work effectively under more realistic conditions. We showed that it is possible to implement a model program in a setting like the D.C. metropolitan area, and that under these conditions we observed some positive effects. But we also showed that greater attention to the fit of the program to each community and monitoring implementation fidelity will be required to achieve the larger and more robust effects anticipated,” said project researcher Dr. Denise Gottfredson of the University of Maryland.

Since this was a research project, there were some lessons learned that could assist with future SFP implementations including the following:

- ▶ Community agencies can implement a research-based model program with reasonable fidelity to the original model and help local parents and youth to reduce risk for substance abuse.
- ▶ Classes implemented more in line with the original model produce more positive effects. Future efforts should carefully monitor fidelity to ensure the program is being implemented correctly.
- ▶ Agencies have difficulty recruiting and retaining families if there is not a group of families already receiving services on a regular basis.
- ▶ Potential families should be screened carefully to ensure that families with a high degree of commitment and those at higher risk are served.
- ▶ Classes should be provided in safe neighborhoods and transportation should be reliable.
- ▶ Agencies must obtain cooperation from outsiders such as property managers who have access to relevant population, but may not see a need for the program.
- ▶ The program is more effective when it is culturally relevant to the intended audience.



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