SOS’s STRENGTHENING FAMILIES PROGRAM

If the need to prevent child maltreatment is clear and urgent, and the need for identification of effective ways to intervene with AOD abusing parents is important then “Strengthening Families” (SFP) is the program for you. SFP has been demonstrated to impact family functioning in immediate and intermediate ways that are directly applicable to AOD abusing families in the Child Welfare System (CWS). From what is available in the research literature, SFP appears to be the most effective intervention designed specifically for substance-abusing parents because it has positive outcomes for both the children and the parents (Kumpfer & Johnson, 2007).

SFP serves the whole family (children and parents) with families’ who’s children are in the age range of 6-11 with approximately ten (10) families in each group. SFP participants will also be encouraged to attend two “family reunion” booster sessions at 6 and 12 months.

SFP is presented in a 14 week program with highly structured, consecutive weekly sessions, each lasting approximately 2 hours. Following a meal together, parents and children spend the first hour in their respective Parent Training or Children’s Skills Training groups. They spend the second hour together in Family Skills Training. A booster session (family reunion) is conducted at 6 and 12 months. To increase recruitment and retention, a number of incentives are used, including: meals, transportation reimbursement, and rewards for attendance and participation. Each major class or 14-week component is described below:

- **Parent Training (PT)** is based on Patterson’s (1976) behavioral parenting model. The component includes group building; a discussion on physical, mental, social, and emotional development with a focus on appropriate expectations for children at different ages; teaching parents how to promote desired behaviors in their children though increased attention, positive reinforcements, and behavioral goal statements; stress and anger management; communication training; alcohol and drug education; problem solving; compliance requests; principles of limit setting (e.g., time outs, punishment, overcorrection); generalization and maintenance; and implementation of behavior programs for their children. Two trained facilitators lead these sessions.

- **Children’s Skills Training (CT)** is based on Spivack and Shure’s (1979) *Social Skills Training Program* (the basis of the *Seattle Social Development program* and *Second Step*). Like the parents’ sessions, each child’s session begins with a review of assigned homework and concepts presented during the previous week’s meeting. Children are then taught new material through exercises, games, coloring and work activities, role-plays, puppet shows, and discussions. The trainers then review the material and assign new homework. Topics covered include conversation skills such as listening and
speaking skills; peer pressure resistance skills; compliance with parental rules; understanding and handling emotions; sharing feelings and dealing with criticism; alcohol and drug education; and resources for finding help with problems. Two facilitators lead these sessions.

- **Family Skills Training (FT)** brings parents and children together for an hour following the parents’ and children’s groups. The FT class is split into two family groups, each led by two facilitators. It incorporates the curriculum described in *Helping the Noncompliant Child* (Forehand & McMahon 1981). The FT sessions are designed to help parents empathize with and enjoy their children. The goal of the family session is to increase the cooperation of all family members. The format includes both didactic and experiential activities. The didactic activities include brief lectures on behavior change, rewards, giving directions, and commands. The experiential activities include families participating in the *children’s game, parents’ game, family game*, and role-plays focusing on communication and problem solving. The children’s game focuses on training parents in therapeutic parent/child play, while the parents’ game and family game mostly focus on family communication, compliance requests, and problem solving.