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The Success Rate of Hispanic vs. Non-Hispanic  
Participants in *Celebrating Families!*

by

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## Abstract

This study investigated the effectiveness of a pilot program for substance abusers and their families entitled *Celebrating Families! (CF!)*. In addition to performing an overall evaluation, outcomes for Hispanics, a major ethnic group in Santa Clara County, were compared to those for non-Hispanics participating in the program. The research involved 37 adult participants and utilized secondary data collected via a set of instruments including demographic questions and items pertaining to the effectiveness of *CF!* which were measured in 5 areas: parenting skills, family strengths/resilience, parent drug and alcohol use, parent observations of their children's behavior, and parent social/cognitive skills. It was hypothesized that those who participated in *CF!* will show significant improvement in outcomes at post-test. It was also hypothesized that Hispanics will show less improvement at posttest when compared to non-Hispanics. The findings indicated that all participants showed significant improvement at posttest and that Hispanics showed more improvement when compared to non-Hispanics. This demonstrates that the *CF!* program may be effective among different ethnic groups and that the program might be successful in diverse communities. Implications for social work include that the *CF!* program may be a valuable resource for social work practitioners working in ethnically diverse communities, especially with Hispanic clients, and that similar programs might learn from the strategies and curriculum offered by *CF!*

## Introduction

A growing body of clinical research has revealed a relationship between substance abuse (SA) and domestic violence, child abuse, and neglect within families, and has indicated that SA can be associated with each of these forms of abuse as a co-factor for the abuse (Carter, 2004). It has also been estimated that a large number of child abuse cases that enter the child welfare system involve SA on some level and, in fact, it has been indicated that as many as 75% of families entering the child welfare system contain parents with substance abuse problems (Manisses Communication Group, 2004). A number of programs have been created to help individuals deal with SA but few programs have been designed to include substance abusers and their families. The *Celebrating Families! (CF!)* program for parents in early recovery and their children, is a program that has been created to help families deal with SA issues and to help reunify families that have been affected by SA and child abuse. The *CF!* program is currently the only one in the United States to use this family oriented model (Celebrating Families, 2005). At present, few studies have been done to evaluate the effectiveness of such programs, and almost none have focused upon the impact of SA programs for Hispanic participants. This research examined the effectiveness of *CF!* for all participants by comparing posttest scores to pretest scores and measuring the degree of improvement for participants in regards to parenting skills, family strengths/resilience, parent drug and alcohol use, parent observations of their children's behavior, and parent social/cognitive skills. It also examined the success rate for Hispanics participating in the *CF!* program when compared to the success rate for non-Hispanics participating in the *CF!* program.

### *Relevance to Social Work*

To this date, few studies have been done on the impact of SA programs upon ethnic

minorities and upon their families. This study is relevant to the social work profession because it investigates the effectiveness of *CF!*, a program designed for substance abusers and their families, and focuses upon the success rate for Hispanic participants in *CF!* when compared to Whites and Other Minorities participating in *CF!* Previous research on *CF!* has focused upon family reunification rates and has found that those who participated in *CF!* had a higher rate of successful reunification than those not participating in *CF!* and only receiving standard child welfare services (Quittan, 2004). In that previous study, it was revealed that subjects participating in *CF!* achieved a 73% reunification rate while subjects not participating in *CF!* only achieved a 37 % reunification rating (Quittan, 2004) indicating an increased success rate for families participating in the *CF!* program. This current study did not focus upon reunification rates but, instead focused upon overall improvement in scores measuring the effectiveness of *CF!* as a measure of success, specifically for Hispanic families participating in *CF!* when compared to non-Hispanic families participating in *CF!* This study could be important to social work practitioners working with ethnic minority families affected by SA and lay some groundwork for future studies in SA treatment.

## Literature Review

### *Background and Theoretical Framework*

The *CF!* program utilizes a cognitive-behavioral, support group model, and is designed for families where one or both parents have a 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 done 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 *CF!* participants will model these guidelines and techniques learned through *CF!* as a substitute for their previous pattern of SA.

### *SA Programs and Families*

Over the years, studies have been undertaken to investigate the general effectiveness of SA programs, usually focusing upon recidivism rates or evaluation of post-therapy abstinence rates for alcoholics and drug addicts (Argeriou & Daley, 1997). Many of these studies have found that, in general, program participants show a higher recovery rate for SA after participation in SA programs than before participation. One study even compared traditional 12-step SA programs to SA programs utilizing CBT and found that there was no significant difference in improvement

between programs utilizing these two models, although improvement was indicated with both types of programs (Ouimette, Finney, & Moos, 1997). The results of this study such suggest that the willingness to participate in an SA program might be more important for success than the model utilized by the program. Studies such as this one point out the effectiveness of SA programs in general, but say little about how SA affects the families of substance users since most of these programs do not include the families of substance users in the treatment model.

Just as few programs have focused upon including families in the treatment model, few studies have focused upon the effect of SA upon substance users and their families, and instead have focused solely upon the substance user. One study investigating families and SA focused upon how the effects of SA upon families of substance users could be assessed, although this study was not done in relation to a specific SA program. The study utilized an instrument called the Significant Other Survey (SOS) and found that assessment of family issues surrounding SA, specifically with the SOS instrument, could be helpful in developing targeted treatment plans, helping SA family members to address their difficulties, and monitoring change over time in problem areas (Benishek, Dugosh, Faranda-Diedrich, & Kirby, 2006).

The instruments being used in the current study were developed specifically for *CF!* and are being utilized in the same manner as the SOS instrument except in relation to a specific SA program. The *CF!* program recognizes that SA can negatively affect the entire family of the substance user and is designed to help the entire family, including the indicated user, recover from addiction.

### *SA Programs and Hispanics*

In recent years, researchers have begun to take a more detailed look at ethnic differences among members of SA programs in relation to program effectiveness, and ethnic factors have

taken prominence when designing programs or services for substance abusers (Amaro, Larson, Gampel, Richardson, Savage, & Wagler, 2005). Since this study is being administered in Santa Clara County, an ethnically diverse region, the participants in the *CF!* program are also diversely represented. However, due to the fact that there is a significantly large Hispanic population in Santa Clara County, it would be relevant to examine the *CF!* success rate of Hispanic participants in comparison to non-Hispanic participants.

When viewing SA from a social perspective, it can be theorized that there are cultural and environmental factors related to ethnicity such as family support, poverty, discrimination, and social opportunity (barriers to employment/education) that influence the likelihood for members of different ethnic groups to engage or not engage in substance use (Argeriou & Daley, 1997). It has been argued that cultural and environmental factors related to ethnicity may play a major role in creating a disparity among SA program participants of different ethnic backgrounds and that many programs are not adequately designed to address the various cultural/environmental factors experienced by program participants from diverse backgrounds including Hispanics (Trepper, Nelson, McCollum, & McAvoy, 1997). This oversight in program design could ultimately have a negative effect on program outcomes for Hispanics in traditional SA programs since factors contributing to substance abuse within the Hispanic community may be different from factors contributing to substance abuse for other ethnic groups, and cultural/environmental factors experienced by mainstream society (Trepper, et al. 1997).

Research has indicated that risk factors for SA such as community-level poverty and social norms that often encourage drug and alcohol use among members of poor communities, coupled with frequent higher levels of drug availability in poor communities, place Hispanics at a greater risk than Whites for SA (Fisher, Reynolds, Moreno-Branson, Jaffe, Wood, Klahn, & Muniz,

2004). In relation to poverty and the lower socioeconomic level within many Hispanic communities, it has been suggested that creating a greater accessibility to treatment and more appropriate utilization patterns, including increased competence in communication skills and reduction of cultural bias, could improve the treatment success rate for Hispanics (Daley, 2005). Curiously, in contrast to this study, some studies have shown that simply increasing the degree of access to SA programs may not, in itself, improve treatment success or necessarily result in a greater number of Hispanic individuals accessing treatment. One study found that, there was no significant difference between insured and uninsured Hispanics in seeking SA treatment and that, in both cases, most participants did not seek treatment (Weisner, Matzger, Tam, & Schmidt, 2002). Of the 36 Hispanic participants in this study, 19 insured and 17 uninsured, only 4 uninsured and 6 insured participants sought treatment leaving 13 participants in each category who did not seek treatment (Weisner, et. al., 2002). A similar study found that only about 9% of adult American substance abusers (including both insured and uninsured substance users) seek SA treatment in a given year and that the number seeking treatment was more than 3 times higher (3.45:1 ratio) for Whites than for Hispanics (Wu, Kouzis, & Schlenger, 2003). This suggests that there may be other cultural factors present within Hispanic communities (e.g. poverty, greater access to drugs and alcohol) that influence not only treatment success for Hispanics, but also whether Hispanics participate in SA treatment at all. These issues should be addressed when designing SA programs for Hispanic communities.

In addition, longitudinal studies centered primarily around problem drinking have indicated that the incidence, prevalence, and volume of heavy drinking is higher for Hispanics than non-Hispanic Whites in general and that, even within the Hispanic population, differences in alcohol use can be found among different national origins (Arroyo, Westerberg, & Tonigan, 1998).

It has been suggested that cultural differences, in addition to environmental factors, could influence the prevalence of substance use with different ethnic groups (Arroyo, Miller, & Tonigan, 2003). It has been pointed out in some literature that differences within the Hispanic community may sometimes not be accounted for in SA program evaluations due to the fact that educated professionals involved with these programs may not understand the nuances of a poor immigrant community, even if they speak the same language (Manisses Communication Group, 1999).

Differences in patterns of SA have also been indicated between more acculturated Hispanics (those who identify more with American culture) and less acculturated Hispanics (those who identify more with Mexican culture) where less acculturated Hispanics were shown to drink significantly more on days when they did drink than more acculturated Hispanics (Arroyo, et. al., 2003). This difference could be culturally determined as is reflected by reports which have indicated that the dominant pattern of drinking among traditional Mexican men is one of infrequent drinking but drinking to intoxication on occasions when they do drink (Arroyo, et. al., 2003). Interestingly, another study found that, with drug use, higher levels of acculturation were linked to higher levels of drug use for Hispanics while there was little difference in alcohol consumption between Hispanics of higher and lower levels of acculturation (Dennis, Scott, Funk, & Foss, 2004). Studies have suggested that the increase in drug use for more acculturated Hispanics may occur because social norms in the U.S. are less restrictive with respect to substance use than traditional Hispanic norms (Dennis, et. al., 2004). Studies such as these indicate the extent to which culture plays a role in SA within Hispanic communities and further point out the need to account for cultural differences between ethnic groups when designing SA programs.

Another study focused upon Hispanic women in relation to SA treatment. Interestingly, this study noted that SA among Hispanic women is often relationship oriented, usually involving

substance abusing partners, and that many of these women actually begin their SA careers in relation to men (Trepper, et. al., 1997). Studies have shown that women are typically more relationally oriented than men and that their relationships with male partners usually exert a strong influence on their drug and alcohol use (Trepper, et. al., 1997). Furthermore, studies have indicated that Hispanic women generally have a shorter history of substance use than Hispanic men but that by the time they enter treatment they are usually at a similar stage of substance use to Hispanic men in the program (Alvarez, Olson, Jason, Davis, & Ferrari, 2004). Additionally, many studies have indicated that Hispanic women, as well as women from other minority groups, have greater exposure to the criminal justice system and criminal violence and less access to resources than White women (Amaro, et. al., 2005). Altogether, data such as psychosocial and cultural characteristics are lacking in relation to SA among Hispanic women as well, which further limits treatment program effectiveness with this population (Argeriou & Daley, 1997).

It can be seen that there are a number of factors involving Hispanics which should be considered when designing SA programs or services for Hispanics. The fact that, so far, little research has been done pertaining to Hispanics and SA points out the need for further research which could be used when designing SA programs for Hispanics.

### *Hypothesis*

It is hypothesized that there will be improvement in outcomes at posttest for all participants when compared to the pretest condition. It is also hypothesized that Hispanics participating in *CF!* will show less improvement when analyzing posttest scores to pretest scores in comparison to non-Hispanics participating in *CF!*

## Methodology

### *Study Design*

This study utilized a pre/post retrospective design in respect to evaluating the effectiveness of *CF!* Secondary data, including demographic information and pre/post measures of program effectiveness, were analyzed regarding those participating in *CF!* (See Appendix A).

### *Sample*

There was a total of 37 adult participants in this study. Convenience sampling was used for this project because participants were chosen from among existing *CF!* participants.

Although the *CF!* program includes multiple family members and an evaluation of parents and children, this study focused upon the adults participating in *CF!* Subjects were males and females from different ethnicities with at least one parent from each family identified as a substance abuser (See Appendix B: Table 1 for the complete listing of results). The gender for adults in *CF!* who completed the instruments consisted of 30 females (81.1 %) and 5 males (13.5 %) with 2 missing values. 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. The mean age for adult participants in *CF!* was 37.31 (SD = 10.037). The mean income for *CF!* participants was \$33,600 (SD = \$47,973). All subjects are voluntary participants in the *CF!* program for substance abusers and their families.

### *Study Site*

This study utilized secondary data collected from *CF!* program participants by program staff from 3 study sites: The House on the Hill, Eastfield-Ming Quong, and Friends Outside. All 3 of these sites are located in San Jose, California.

### *Variables and Measurement*

For this study ethnicity was the main independent variable which was assessed in three categories, Hispanics, Other Minorities, and Whites, and effectiveness of *CF!* was the dependent variable which was measured by 5 variables considered continuous for the purposes of this study with a pre- and post- condition: parenting skills, drug and alcohol use, family strengths/resilience, parent observations of their children's behavior, and parent social/cognitive skills. Additional independent variables used in this study were gender (male or female), primary language (English or Spanish), age measured in years, and income level measured as income in dollars.

The instrument used in this study was the Parent Retro/Post Questionnaire (See Appendix A) which consists of 6 sections:

- (1) About Your Family – Demographic questionnaire for each family.
- (2) Parenting Scale – Measures parenting ability in a variety of areas for which a higher score indicated a more positive outcome.
- (3) Overall Family Strengths/Resilience – Measures levels of family support, mental health, etc. in families and the ability for families to cope with challenges. A higher score indicated a more positive outcome.
- (4) Parent Drug and Alcohol Use – Measures the number of days within the last 30 days that the parent has used drugs or alcohol. A lower score indicated a more positive outcome.
- (5) Parent Observations of Child's Activities – Allows Parents to measure the observed behavior of their children. A higher score indicated a more positive outcome.
- (6) How Often Are You (Parent) Good At... – Measures parent social/cognitive skills in relation to interactions with children and others and in making personal decisions. A higher score indicated a more positive outcome.

A 7th section contained in the instrument, Children's Use of Drugs and Alcohol, was not used in this study. These instruments were administered by program group leaders and were utilized as secondary data by the researcher. The questionnaire was administered to one parent for each

family after participation in the program and asked parents to rate themselves and their families before and after participation in the program. The instrument utilized a Likert scale for each section except the Parent Drug and Alcohol Abuse subsection which was a continuous variable (i.e. “How many times have you drank alcohol or used drugs in the past 30 days?”). The Likert scale contained 5 rankings: 1 = Never, 2 = Seldom, 3 = Sometimes, 4 = Frequently, and 5 = Almost Always. All of the dependent variable measures were considered continuous variables and an overall score was obtained for each by computing the mean score for each set of items and comparing the posttest to the pretest condition.

#### *Reliability and Validity*

Since this is a pilot program, there has been only minimal reliability and validity testing of the instruments used in this study. The quality of the instruments being used could affect the validity and reliability of this project but it is hoped that, through the use of the instruments with this project, problems with validity and reliability in relation to the instruments will be identified and corrected for future research. In particular, it is possible that there may be some issues with construct validity due to inconsistency with the arrangement of items in some sections of the instruments. The evaluation instruments were originally developed by Karol Kumpfer and, since *CFI* is a pilot project, minor modifications have been made in some areas as the instruments are being tested through use in the program. All of the instruments were evaluated for face validity and the majority of them were shown to have high face validity which has held up through their use in the program.

#### *Human Subjects*

All data used in this research was kept confidential. No participant identifying information was included in the secondary data set. ID numbers were used for informational purposes. For the

entire study all data was kept under lock and key in the *CF!* program office. At no point will any identifying information about subjects be released. At the conclusion of this researcher's study, all data will be stored under lock and key in the *CF!* program office for future analysis.

All consents have been or will be obtained via the *CF!* program, since they are sponsors of this project. All parents participating in the study filled out a consent form authorizing participation for themselves and their families, including their children. The study has also received approval from the Internal Review Board (IRB) at San Jose State University.

### *Procedures*

The *CF!* program is being sponsored by the agency, Prevention Partnerships International, Inc. *CF!* clients participate in a curriculum composed of 16 weekly sessions lasting approximately 2 hours each, which consist of exercises and informative lectures about substance abuse and related issues. Secondary data collected from *CF!* program participants by program staff was given to the researcher for analysis. Subjects who have already completed *CF!* will have their data stored in the *CF!* archives and additional data will be given to the researcher as it becomes available. Data was collected from participants by group leaders at the 3 sites following participation in the *CF!* program.

## Results

### *Predictor Characteristics*

The mean for the level of parenting skills was 3.39 (SD = 0.78) at pretest and 4.28 (SD = 0.52) at posttest, showing an average improvement of 0.89 (SD = 0.74). The mean for the level of drug and alcohol use within the last 30 days was 1.45 (SD = 2.54) at pretest and 1.01 (SD = 1.92) at posttest, an improvement of 0.44 (SD = 1.69). The mean for the level of family strengths/resilience was 3.00 (SD = 0.92) at pretest and 4.56 (SD = 0.97) at posttest, an

improvement of 1.55 (SD = 1.26). The mean for parent observations of their children's activities was 3.62 (SD = 0.48) at pretest and 3.96 (SD = 0.46) at posttest, an improvement of 0.34 (SD = 0.36). The mean for the level of parent social/cognitive skills was 3.09 (SD = 0.87) at pretest and 4.33 (SD = 0.45) at posttest, an improvement of 1.24 (SD = 0.92).

Through a series of bivariate tests each of the 5 outcomes measuring the effectiveness of *CF!* were evaluated statistically as well as the differences in improvement comparing Hispanics vs. Whites and Other Minorities. Other demographics were also tested in relation to *CF!* effectiveness (see Appendix B: Table 2a and 2b for the complete listing of results).

#### *Level of Parenting Skills*

An overall score for improvement in parenting skills was obtained by comparing the pretest parenting skills score to the posttest parenting skills score. There was a significant improvement between the pretest and posttest scores for parenting skills ( $t = 7.04$ ,  $df = 34$ ,  $p = .001$ ). Although there was marked improvement for Hispanics in the level of parenting skills when compared to the pretest score there was not a significant difference for Hispanics when compared to Whites and Other Minorities ( $F = 1.60$ ,  $df = 2, 32$ ,  $p = .22$ ). The mean improvement was 1.13 (SD = .79) for Hispanics, 0.97 (SD = 0.58) for Other Minorities and 0.64 (SD = 0.74) for Whites.

Regarding other demographic characteristics there was no significant relationship between parenting skills and the following variables: primary language spoken by participants ( $t = 1.64$ ,  $df = 33$ ,  $p = .11$ ) although participants who spoke Spanish primarily showed the greatest level of improvement: the mean improvement for English speaking participants was .81 (SD = 0.72) and for Spanish speaking participants was 1.44 (SD = 0.79), gender ( $t = .93$ ,  $df = 33$ ,  $p = .36$ ): the mean improvement for males was .60 (SD = 0.55) and the mean improvement for females was .93 (SD =

0.77), and income level ( $r = -.250$ ,  $p = .18$ ). There was a significant negative correlation between age and the level of parenting skills ( $r = -.340$ ,  $p = .05$ ) with those younger showing the most improvement.

#### *Level of Drug and Alcohol Use*

An overall score for improvement in level of drug and alcohol use, as determined by a decrease in use, was obtained by comparing the pretest drug and alcohol use score to the posttest drug and alcohol use score. There was not a significant statistical improvement between the pretest and posttest scores for drug and alcohol use although the result was close to a significant value ( $t = 1.53$ ,  $df = 34$ ,  $p = .07$ ). There was not a significant difference for Hispanics for level of drug and alcohol use when compared to Whites and Other Minorities ( $F = 1.34$ ,  $df = 2, 32$ ,  $p = .28$ ). The mean improvement was .56 (SD = 1.53) for Hispanics, .48 (SD = 1.26) for Other Minorities and .076 (SD = 1.94) for Whites.

There was no significant relationship between drug and alcohol use and the following variables: primary language spoken by participants ( $t = 1.02$ ,  $df = 33$ ,  $p = .32$ ) although participants who spoke Spanish primarily showed the greatest level of improvement: the mean improvement for English speaking participants was .33 (SD = 1.59) and for Spanish speaking participants was 1.25 (SD = 2.50), gender ( $t = .56$ ,  $df = 33$ ,  $p = .58$ ): the mean improvement for males was .83 (SD = 2.36) and the mean improvement for females was .037 (SD = 1.60), age ( $r = .057$ ,  $p = .75$ ), and income level ( $r = -.108$ ,  $p = .58$ ).

#### *Level of Family Strengths/Resilience*

An overall score for improvement in the level of family strengths/resilience was obtained by comparing the pretest parenting skills score to the posttest parenting skills score. There was a significant improvement between the pretest and posttest scores for parenting skills ( $t = 7.20$ ,  $df =$

33,  $p = .001$ ). There was also a significant difference for Hispanics in the level of family strengths/resilience when compared to Whites and Other Minorities ( $F = 5.93$ ,  $df = 2, 31$ ,  $p = .01$ ). Post Hoc analysis utilizing the Scheffe Test indicated a significant difference for Hispanics in the level of family strengths/resilience when compared to Whites ( $p = .01$ ) and no significant difference for Hispanics in the level of family strengths/resilience when compared to Other Minorities ( $p = .17$ ). The mean improvement was 2.41 ( $SD = 1.46$ ) for Hispanics, 1.39 ( $SD = 0.88$ ) for Other Minorities and 0.95 ( $SD = 0.83$ ) for Whites.

There was no significant relationship between level of family strengths/resilience and the following variables: primary language spoken by participants ( $t = 1.33$ ,  $df = 32$ ,  $p = .19$ ) although participants who spoke Spanish primarily showed the greatest level of improvement: the mean improvement for English speaking participants was 1.45 ( $SD = 1.28$ ) and for Spanish speaking participants was 2.33 ( $SD = 0.80$ ), gender ( $t = 1.27$ ,  $df = 32$ ,  $p = .21$ ): the mean improvement for males was .90 ( $SD = 0.72$ ) and the mean improvement for females was 1.67 ( $SD = 1.31$ ), and income level ( $r = -.108$ ,  $p = .57$ ). There was a significant negative correlation between age and the level of family strengths/resilience ( $r = -.522$ ,  $p = .01$ ).

#### *Parent Observations of their Children's Activities*

An overall score for improvement in children's activities was obtained by comparing the pretest children's activities score to the posttest children's activities score. There was a significant improvement between the pretest and posttest scores for children's activities ( $t = 4.63$ ,  $df = 23$ ,  $p = .001$ ). There was not a significant difference for Hispanics in parent observations of their children's activities when compared to Whites and Other Minorities ( $F = .27$ ,  $df = 2, 21$ ,  $p = .76$ ). The mean improvement was .42 ( $SD = 0.50$ ) for Hispanics, 0.34 ( $SD = 0.39$ ) for Other Minorities and 0.29 ( $SD = 0.26$ ) for Whites.

There was no significant relationship between parent observations of their children's activities and the following variables: primary language spoken by participants ( $t = .19$ ,  $df = 22$ ,  $p = 0.86$ ): the mean improvement for English speaking participants was 0.33 ( $SD = 0.37$ ) and for Spanish speaking participants was .37 ( $SD = .27$ ), gender ( $t = 1.08$ ,  $df = 22$ ,  $p = .29$ ): the mean improvement for males was .13 ( $SD = .17$ ) and the mean improvement for females was 0.37 ( $SD = 0.37$ ), age ( $r = -.283$ ,  $p = .18$ ), and income level ( $r = .037$ ,  $p = .87$ ).

#### *Level of Parent Social/Cognitive Skills*

An overall score for improvement in parent social/cognitive skills was obtained by comparing the pretest parent social/cognitive skills score to the posttest parent social/cognitive skills score. There was a significant improvement between the pretest and posttest scores for level of parent social/cognitive skills ( $t = 7.39$ ,  $df = 29$ ,  $p = .001$ ). There was not a significant difference in level of parent social/cognitive skills for Hispanics when compared to Whites and Other Minorities although the result was close to a significant value ( $F = 2.80$ ,  $df = 2, 27$ ,  $p = .08$ ). Post Hoc analysis utilizing the Scheffe Test indicates no significant difference for Hispanics in the level of parent social/cognitive skills when compared to Whites although the result was close to a significant value ( $p = .09$ ) and no significant difference for Hispanics in the level of parent social/cognitive skills when compared to Other Minorities ( $p = .90$ ). The mean improvement was 1.63 ( $SD = 0.91$ ) for Hispanics, 1.42 ( $SD = 0.80$ ) for Other Minorities and 0.82 ( $SD = 0.85$ ) for Whites.

There was no significant relationship between level of parent social/cognitive skills and the following variables: primary language spoken by participants ( $t = .15$ ,  $df = 28$ ,  $p = .89$ ): the mean improvement for English speaking participants was 1.23 ( $SD = 0.95$ ) and for Spanish speaking participants was 1.33 ( $SD = 0.27$ ), gender ( $t = 1.59$ ,  $df = 28$ ,  $p = .12$ ): the mean improvement for

males was 0.58 (SD = 0.51) and the mean improvement for females was 1.34 (SD = 0.93), and income level ( $r = .098$ ,  $p = .64$ ). There was a significant negative correlation between age and the level of parenting skills ( $r = -.553$ ,  $p = .01$ ).

## Discussion

### *Overall Effectiveness of CF!*

This study hypothesized that all participants in the *CF!* program will show improvement in outcomes at posttest. The first hypothesis was supported in that all participants, including Hispanics, other minorities, and Whites, showed improvement in each of the 5 measures of effectiveness of *CF!* With the level of parenting skills, family strengths/resilience, parent observations of their children's behavior, and level of parent social/cognitive skills there was a significant improvement for all participants. With the level of drug and alcohol use the improvement for all participants was very close to being significant even though the level of significance was not reached. The results indicate that, overall, the *CF!* program was effective in helping participants to deal with SA issues. This suggests that the model utilized by *CF!* may be an effective method for helping individuals and families to recover from SA. It could also be inferred from these results that the *CF!* program might be effective for families dealing with SA from various communities dealing with different cultural and environmental conditions.

### *Hispanics vs. Non-Hispanics as a Predictor for the Effectiveness of CF!*

This quantitative study hypothesized that Hispanics would be less successful in the *CF!* program than non-Hispanics. This hypothesis was not supported by the results in any of the 5 measures for effectiveness of *CF!*: level of parenting skills, level of drug and alcohol use, family strengths/resilience, parent observations of their children's activities, and level of parent social/cognitive skills. Hispanics showed significantly greater improvement when compared to

Whites in family strengths/resilience. This suggests that there may be greater family support among Hispanic participants than among White participants or possibly that Hispanic participants may be more resilient than White participants when dealing with adverse situations. It is also possible that Hispanics may have had more room for improvement than Whites and other minorities. If this was the case, Hispanics would have started out at a lower level initially than Whites and other minorities and account for the greater difference between pre- and post-conditions. No conclusion can be drawn from this study as to whether Hispanic participants display more resilience than Whites and other minorities both, within and outside of the *CF!* program without further research. Hispanics also came close to significantly greater improvement when compared to Whites in parent social/cognitive skills. In general Hispanics showed greater improvement than Other Minorities and Whites although not to a significant level in most categories. Even though the hypothesis was not supported, the results for the effectiveness of *CF!* were very encouraging for all participants and especially for Hispanics since all participants showed some level of improvement and Hispanics showed the most overall improvement when compared to Other Minorities and Whites. There was no evidence of problems with cultural competency indicated by this study. Factors which could be related to differences in culture for Hispanics such as socioeconomic status and primary language were not shown to have a negative affect on outcomes for Hispanic participants in the program. Similarly, Whites and Other Minorities participating in the program also showed no negative affect in outcomes in relation to socioeconomic status or primary language spoken suggesting that the program could be effective for persons of various backgrounds and ethnicities from diverse communities.

#### *Control Variables*

With age there was a significant negative correlation in 3 categories: parenting skills,

family strengths/resilience, and parent social/cognitive skills. This may be because, as participants increased in age they gained more experience in these areas so that they had higher numbers in the pretest condition and less difference between the pre- and post- conditions than younger participants in the *CF!* program. Gender and primary language were not significant predictors for the effectiveness of *CF!* With both variables there were an uneven number of participants in each category (30 females to 5 males and 31 English speakers to 4 Spanish speakers) and a more generalizable result might be obtained with a more even number of participants in each category. Income level also was not a significant predictor for the effectiveness of *CF!*

#### *Limitations with Suggestions for Future Research*

One of the limitations of this study is the sample size, which is relatively small. A larger sample size would have yielded more generalizable results from the analysis despite the fact that the results obtained are promising. It was hoped to have at least 100 participants for this study but, as this is a pilot project, data for only 37 participants was available to be used in this study. In addition, there was a significant difference in the number of participants by gender based upon adult participants who completed the instruments. There were 30 female participants and 5 male participants in this study. Future studies should benefit from being able to utilize a larger and more inclusive sample as additional program sessions are completed.

Another limitation for this study is that there was a larger amount of missing data than anticipated as many participants skipped questions or sections contained in the questionnaires. This was the main reason why mean scores instead of totals were used in the analyses. To account for the missing data mean values were utilized for each variable when doing the analysis. To limit the amount of missing data in future studies researchers administering the instruments might benefit from monitoring the participants more closely when completing the instruments to ensure

that all questions and sections of the instruments are completed unless certain questions are not applicable for some participants. All questions which may not be applicable for some participants should be coded accordingly in the instruments.

A further limitation of this study is that it used information given by a single family member who completed the questionnaires and not from other members of the family. This did not allow other family members to give their own input for use in this study. Those involved in future studies might wish to combine data given by multiple family members in order to gain a more complete picture of the effect that *CF!* is having on families as a whole. In addition, even though there is a pre-program and post-program condition on the questionnaires they were only administered post-program and only allowed participants to provide pre-program answers in retrospect. In future studies, instruments with a true pretest and posttest condition (i.e. questionnaires administered both before and after participation in the program) would most likely yield more accurate results in the pre-program condition as opposed to having participants provide retrospective information. Also, a comparison group within a classic experimental design would be ideal to control against any unknown additional variables which might influence the results of the study. The use of a comparison group would increase the internal validity for future studies of program effectiveness.

Finally, the arrangement of some of the questions contained in the instruments may be confusing to some participants since the numbers and items in some sections of the instruments skip out of order. This could affect the face validity for this study although the effect would most likely be minor since the numbers and items are in order in most sections of the instruments. Another limitation is that the identified substance abuser was not always the person who completed the instruments used in this study as either parent was allowed to complete these

instruments. Because of this some of the participants were the identified substance abuser in their families and others were not the identified abuser. Even though entire families are affected by SA it could affect the validity of the study when comparing results from identified abusers to the results of those who were not identified as abusers. The fact that the instruments were only minimally tested for reliability and validity before being used is also a limitation. Many of these limitations are being modified and improved upon for future research since *CF!* is a pilot project and the instruments are works in progress.

Despite these limitations this study was still valuable in that it did yield significant results indicating improvement for all participants in *CF!* including Hispanics who showed the greatest amount of improvement, although not to a significant level, when compared to Whites and Other Minorities. This study points out that, overall, *CF!* appears to have a positive effect on program participants in relation to dealing with SA issues within the family, and that *CF!* could play a role in recovery from SA for these participants. In addition, this study points out areas where improvements might be made for future research. Since some of these areas are already in the process of being improved upon, the results of future research on *CF!* are highly anticipated.

#### Implications for Social Work

This study could reveal important information for social workers in relation to *CF!* since there are a great number of families that are negatively influenced by SA. One of the main services provided by social workers is to provide resources for clients, which includes giving referrals for therapy, counseling, parenting classes and other programs including SA programs. In order to provide the best resources for the clients it is helpful to know something about the resources available in the community and which ones might be more effective than others for the populations being served. Since improvement was indicated for all groups participating in *CF!* this suggests

that the *CF!* program could be a valuable resource for families in diverse communities dealing with SA. In addition, this study revealed especially promising results in regards to Hispanics participating in *CF!* The fact that Hispanics showed the most improvement in the *CF!* program when compared to Other Minorities and Whites suggests that the *CF!* program may be an excellent resource for Hispanic clients dealing with SA and that the program model for *CF!* might effectively be adopted by other programs that work with Hispanic clients.

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## **Appendix A**

### **Evaluation Instruments**

## **INSTRUCTIONS TO PERSONS ADMINISTERING THIS QUESTIONNAIRE**

**(Please read in advance. Do NOT read aloud!)**<sup>1</sup>

Have the parents/guardians take the retrospective/post-questionnaire at an additional session if possible. If not, administer it either a week prior to graduation or at the graduation. This questionnaire asks the parents to report on their parenting skills and their identified child's skills in the month BEFORE beginning this class and in the last month before THE CLASS ENDS. We know that the evaluation process can feel intrusive. We apologize, but we need your help and support to make this work – so that *CF!* can become an “evidence based program.” This designation is crucial to the long term functioning and financing of the program. Without this level of evaluation, funding will not be available through state, federal, and county funding sources. This is an opportunity to find out how successful this program is for your community. Your attitude is contagious as you have established yourself as a leader and role model for these families.

### **QUESTIONNAIRE INSTRUCTIONS**

**(Please read in advance. Do NOT read aloud)**

Have Parents determine the Identified Child to be rated. The parents are asked to rate only one child in the program so that they don't have to fill out forms for all children. If the parent has more than one child attending groups, it is best for them to select the child to rate. They should rate the child with the most behavioral problems or the oldest child. If more than one adult is attending, the mother or father should rate the identified child and the second adult (e.g., spouse, step parent, foster parent, grandparent) should rate the child with the next most behavior problems.

Read each of the Questionnaire's questions and the answers out loud to the parents as a group. (Write the scale on a flip chart or the board to point to them). Have participants confidentially write their answers in the answer spaces on the questionnaire. If no answer fits the response categories, have the parents mark "Other" and write down their answer. The evaluation staff will use this data to create new categories on the next version of this questionnaire. The parents have the right to not complete any question that they don't want to.

### **IMPORTANT INSTRUCTIONS FOR MONITORING POST/RETRO QUESTIONNAIRE**

**(Please read in advance. Do NOT read aloud)**

Please monitor that the parents have written down **two numbers** next to each question. Remind parents as they complete the questionnaire for each question that they should write a number for how things were when they started the class and then a number for now. Monitor after the first few questions, and check again when they turn in their sheets. If some are not completed, ask them to finish the questionnaire with two numbers per question. (The questionnaires are useless if they only write down one score for each question or mark the same number (5) for all questions. So please stress to parents that the numbers should be different if they think that their family has improved or changed.) It may be helpful to have blank pieces of paper available that parents can use like rulers to line up under the questions and answer blanks to be sure they put the numbers in the correct spaces.

### **COLLECTING THE QUESTIONNAIRES FROM PARENTS**

(1) Have an envelope addressed to your PPI site supervisor. (2) Have the parents place the completed Questionnaires in the envelope. (3) When you have collected them all, make a photocopy and then mail the originals to PPI. Keep the photocopies in a labeled file so you can find them in case the originals are lost in the mail. (4) In the envelope, please include your Site Coordinator Information Survey, Cognitive Pre/Post Questionnaires, School Questionnaires, Retro/Post Questionnaires, and Participant Observation Sheets. **Include a cover sheet that states:**

The agency  
The beginning and end days of the cycle  
The number of families starting and completing the cycle.  
A contact person at the agency if we have any questions.

If you have any questions you can contact your site supervisor (Pat Heller, Cari Santibanes, or Linda Sibley), or Dr. Karol Kumpfer, evaluator, directly at: 801.582.1652 mornings or 801.581.7718 afternoons or at [kkumpfer@xmission.com](mailto:kkumpfer@xmission.com).

***Thank you! We appreciate all your efforts!***

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<sup>1</sup> Karol Kumpfer, Ph.D. Psychologist, Department of Health Promotion and Education, University of Utah for *Celebrating Families!* and Strengthening Families Program evaluation. It can be used only by authorized personnel on this project.

## **Retro/Post-Questionnaire Instructions to the Parent (To be read EXACTLY AS WRITTEN)**

You and your family have completed this program to help your family. You have learned how to parent in recovery, and your children have learned new healthy living skills. To know how much you and your child(ren) have CHANGED we are asking you some questions. First we will ask about you and your family **BEFORE the class**, and then we will ask how your family is **NOW**. Please answer these questions as honestly and accurately as you can. Your answers are confidential and will not be told to any one, including any agency staff working with your family. The results will be sent without names attached to our evaluator at the University of Utah.

There is no need to put your name on the questionnaire. You will not be identified individually. There is a space for your name if you want to put it, but it is optional. Instead you will use a code number. In the remaining six spaces next to where it says “code #,” please list your birthdate as a six-digit number, MMDDYY. *(Note to staff: If you have Hispanic participants, you will need to emphasize the order of the birthdate, and write it on a flipchart or board. Latin American and European countries list dates with the day before the month. Please double-check that participants understand to list it MMDDYY).*

This is not a test. The information from this questionnaire is used to monitor the program; to see how families have changed; and to recommend ways to improve the program in the future. You don't have to answer any question that you don't want to. I will read the questions and the possible answers to you. Please write down the number of the best answer for you. Remember, there are no right or wrong answers. If you have any questions, just ask.

**Thank you.**

### **When you have finished section one and are ready to begin the “parenting scale,” read the following instructions:**

For the rest of the questionnaire, you will need to write two answers to every question. On the left side of the page you will write a number for how things were **BEFORE** you started the program. On the right side you will write a number for how things are **NOW**. That means if you think your family has changed during your 16 weeks in *Celebrating Families!*, the two numbers you write down will be **DIFFERENT**. If you have any questions, please ask.



**PARENTING SCALE** (Kumpfer, 1989)

Please use the following scale to rate yourself or your identified child before and after this program. (Two numbers should be written down and should be different if you saw change):

<b>1= Never, 2= Seldom 3= Sometimes, 4= Frequently, 5= Almost Always</b>
--

<b>Before Program</b>		<b>Now</b>
_____	1. I praise my child when he/she has behaved well.	_____
_____	2. I use clear directions with my child.	_____
_____	3. My child controls his or her anger.	_____
_____	4. My child helps with chores, errands, and other work.	_____
_____	5. I handle stress well.	_____
_____	6. I feel I am doing a good job as a parent.	_____
_____	7. We talk as a family about issues/problems, or we hold family meetings.	_____
_____	8. We go over schedules, chores, and rules to get better organized.	_____
_____	9. I spend quality time with my child.	_____
_____	10. I let my child know I really care about him or her.	_____
_____	11. I am loving and affectionate with my child.	_____
_____	12. I enjoy spending time with my child.	_____
_____	13. I follow through with reasonable consequences when rules are broken.	_____
_____	14. I reward completed chores with affirmations/praise, allowances or privileges.	_____
_____	15. I talk to my child about his or her plans for the next day or week.	_____
_____	16. I talk to my child about his or her friends.	_____

**PARENTING SCALE** (continued)

Please use the following scale to rate yourself or your identified child before and after this program. (Two numbers should be written down and should be different if you saw change):

**1= Never, 2= Seldom 3= Sometimes, 4= Frequently, 5= Almost Always**

<b>Before Program</b>	<b>Now</b>
_____ 17. I know where my child is and who he/she is with.	_____
_____ 18. I talk to my child about his/her feelings.	_____
_____ 19. I use appropriate consequences when my child will not do what I ask.	_____
_____ 20. I use physical punishment when my child will not do what I ask.	_____
_____ 21. I yell or shout when my child misbehaves.	_____
_____ 22. I talk to my child about how he/she is doing in school.	_____
_____ 23. I check to see if my child completes his/her homework.	_____
_____ 24. I feel happy about my life most of the time.	_____
_____ 25. Our family has clear rules about alcohol and drug use.	_____
_____ 26. People in my family often insult or yell at each other.	_____
_____ 27. People in my family have serious arguments.	_____
_____ 28. We argue about the same things in my family over and over.	_____
_____ 29. We fight a lot in our family.	_____
_____ 30. My child is happy most of the time.	_____
_____ 31. My child's friends are a good influence.	_____
_____ 32. My child gets good grades (A's or B's).	_____
_____ 33. My child gets into trouble at school.	_____
_____ 34. My child uses tobacco. (Age of first use: _____ years)	_____
_____ 35. My child drinks alcohol. (Age of first use: _____ years)	_____
_____ 36. My child uses illegal drugs. (Age of first use: _____ years. Drugs used?: _____.)	_____
_____ 37. I use alcohol or drugs around my child.	_____
_____ 38. I have 5 or more drinks of alcohol in a day.	_____
_____ 39. I talk with my child about the negative consequences of drug use.	_____
_____ 40. I believe that any use by me of alcohol or other drugs is harmful.	_____



**PARENT OBSERVATIONS OF CHILD'S ACTIVITIES (POCA-R, Kellam)**

How often did your identified child do the following activities in the last month? (For the "Before Program" column, refer to the month before you began the program).

**1. Never 2. Sometimes 3. Often 4. Almost always 5. Always**

<b>Before Program</b>	<b>Now</b>	<b>Before Program</b>	<b>Now</b>
___ 1. Completes work and chores	___	___ 32. Lies	___
___ 2. Is friendly	___	___ 33. Seeks out other youth for activities together	___
___ 3. Is stubborn	___	___ 34. Argues with adults	___
___ 4. Concentrates	___	___ 35. Works hard	___
___ 5. Breaks rules	___	___ 36. Teases other youth	___
___ 6. Socializes with other kids	___	___ 37. Stays on task until completed	___
___ 7. Shows poor effort	___	___ 38. Can sit still	___
___ 8. Works well alone	___	___ 39. Skips school	___
___ 9. Hurts others physically	___	___ 40. Uses a weapon in a fight	___
___ 10. Pays attention	___	___ 41. Friends seek him/her out for social activities	___
___ 11. Breaks things	___	___ 42. Likes to be active, thrill seeker	___
___ 12. Is rejected by other students	___	___ 43. Runs away from home overnight	___
___ 13. Learns up to ability	___	___ 44. Starts physical fights	___
___ 14. Yells at others	___	___ 45. Has lots of friends	___
___ 15. Interacts well with other kids	___	___ 46. Is always "on the go"	___
___ 16. Is easily distracted	___	___ 47. Is irritable	___
___ 17. Takes others' property	___	___ 48. Loses temper	___
___ 18. Avoids other students	___	___ 49. Looks sad or down	___
___ 19. Fights	___	___ 50. Interrupts or intrudes on others	___
___ 20. Is eager to learn	___	___ 51. Has low energy	___
___ 21. Damages other's property on purpose	___	___ 52. Blurts out answers before the question is completed	___

**PARENT OBSERVATIONS OF CHILD'S ACTIVITIES (POCA-R, Kellam)**

How often did your identified child do the following activities in the last month? (For the "Before Program" column, refer to the month before you began the program).

**1. Never 2. Sometimes 3. Often 4. Almost always 5. Always**

<b>Before Program</b>	<b>Now</b>	<b>Before Program</b>	<b>Now</b>
___ 22. Mind wanders	___	___ 53. Appropriately identifies and expresses feelings	___
___ 23. Shows off or clowns	___	___ 54. Deals with stress by using good coping skills	___
___ 24. Doesn't listen to others	___	___ 55. Avoids unsafe situations	___
___ 25. Helps others	___	___ 56. Connects with "safe" people	___
___ 26. Polite	___	___ 57. Talks with me about his/her feelings	___
___ 27. Has nightmares	___	___ 58. Is teased by other kids	___
___ 28. Has trouble sleeping	___	___ 59. Acts without thinking	___
___ 29. Knows how to communicate	___	___ 60. Knows he/she is at high risk for addictions	___
___ 30. Knows how to stay out of trouble	___	___ 61. Knows how to get help or seek information	___
___ 31. Can resolve conflicts without fights	___	___ 62. Knows how substance abuse has impacted our family	___

**HOW OFTEN ARE YOU (parent) GOOD AT...? (Kumpfer, SFP, 2000)**

**1= Never, 2= Almost Never 3= Sometimes, 4= Often, 5= Almost Always**

<b>Before Program</b>	<b>Now</b>	<b>Before Program</b>	<b>Now</b>
___ 1. Remembering others names	___	___ 12. Praising others	___
___ 2. Making new friends	___	___ 13. Taking praise	___
___ 3. Listening to others	___	___ 14. Ignoring inappropriate behavior	___
___ 4. Solving problems	___	___ 15. Doing good things	___
___ 5. "Saying no" to trouble	___	___ 16. Talking with adults/authority figures	___
___ 6. Asking questions	___	___ 17. Saying what you want	___

**HOW OFTEN ARE YOU (parent) GOOD AT...? (Kumpfer, SFP, 2000)**

**1= Never, 2= Almost Never 3= Sometimes, 4= Often, 5= Almost Always**

<b>Before Program</b>	<b>Now</b>	<b>Before Program</b>	<b>Now</b>
___ 7. Not interrupting others	___	___ 18. Saying how you feel	___
___ 8. Giving criticism nicely	___	___ 19. Understanding feelings	___
___ 9. Receiving criticism	___	___ 20. Controlling anger	___
___ 10. Using "I" messages	___	___ 21. Protecting your safety	___
___ 11. Advocating for child(ren)	___	___ 22. Protecting children's safety	___
___ 23. Knowing the importance of healthy eating in recovery			___
___ 24. Understanding how my chemical dependency has affected my child(ren)			___
___ 25. Being comfortable with people like me who are parenting in recovery			___
___ 26. Having more control over my life			___
___ 27. Communicating with my child(ren)			___
___ 28. Making better decisions and solving problems more effectively			___
___ 29. Setting goals for myself			___
___ 30. Slowing down and centering			___
___ 31. Knowing how to find and ask for help when I need it			___
___ 32. Thinking things through before doing something			___
___ 33. Having a strong relationship with someone outside my family who supports me in my recovery as an alcoholic/addict or co-dependent			___
___ 34. Attending regularly an organized group (team, support group or club) where I feel respected and accepted			___
___ 35. Having someone safe to turn to for help			___
___ 36. Belonging to a group where I feel respected and safe (12-step group)			___

## **Appendix B**

### **Tables for Univariate and Bivariate Analyses**

Table 1:

*Univariate Analyses: Sample and Program Characteristics*

Characteristics	<i>n</i> <sup>a</sup>	%	Significant Differences
Gender			
[M] Male	5	13.5	Females > Males***
[F] Female	30	81.1	
Missing	2	5.4	
Ethnicity			
[H] Hispanic/Latino	13	35.1	No Significant Difference
[O] Other Minority	7	18.9	
[W] White	15	40.5	
Missing	2	5.4	
Language			
[E] English	31	83.8	English > Spanish***
[S] Spanish	4	10.8	
Age (in years)	<i>M</i> = 37.31	<i>SD</i> = 10.04	Not Applicable
Family Income	<i>M</i> = \$33,600	<i>SD</i> = \$47,970	Not Applicable
Pre-Parenting Skills	<i>M</i> = 3.39	<i>SD</i> = 0.78	Not Applicable
Post Pre-Parenting Skills	<i>M</i> = 4.28	<i>SD</i> = 0.52	Not Applicable
Difference in Parenting Skills	<i>M</i> = 0.89	<i>SD</i> = 0.74	Not Applicable
Pre-Drug and Alcohol Use	<i>M</i> = 1.45	<i>SD</i> = 2.54	Not Applicable
Post Drug and Alcohol Use	<i>M</i> = 1.01	<i>SD</i> = 1.92	Not Applicable
Difference in Drug and Alcohol Use	<i>M</i> = 0.44	<i>SD</i> = 1.69	Not Applicable
Pre-Family Strengths/resilience	<i>M</i> = 3.00	<i>SD</i> = 0.92	Not Applicable
Post Family Strengths/Resilience	<i>M</i> = 4.56	<i>SD</i> = 0.97	Not Applicable
Difference in Family Strengths/Resilience	<i>M</i> = 1.55	<i>SD</i> = 1.26	Not Applicable
Pre-Parent Observations of Children's Activities	<i>M</i> = 3.62	<i>SD</i> = 0.48	Not Applicable
Post Parent Observations of Children's Activities	<i>M</i> = 3.96	<i>SD</i> = 0.46	Not Applicable
Difference in Parent Observations of Children's Activities	<i>M</i> = 0.34	<i>SD</i> = 0.36	Not Applicable
Pre-Parent Social/Cognitive Skills	<i>M</i> = 3.09	<i>SD</i> = 0.87	Not Applicable
Post Parent Social/Cognitive Skills	<i>M</i> = 4.33	<i>SD</i> = 0.45	Not Applicable
Difference in Parent Social/Cognitive	<i>M</i> = 1.24	<i>SD</i> = 0.92	Not Applicable

<sup>a</sup>Total sample *N* = 37

Alpha using two-tailed tests \* *p* < .05  
Alpha using one-tailed tests <sup>+</sup> *p* < .05

\*\* *p* < .01  
<sup>++</sup> *p* < .01

\*\*\* *p* < .001  
<sup>+++</sup> *p* < .001

Table 2a:

*Bivariate Analyses: Effectiveness of CF!*

	Pretest Mean (SD)	Post Test Mean (SD)	Pre – Post Differences
Parenting Skills	3.39 (0.78)	4.28 (0.52)	0.89 (0.74) <sup>+++</sup>
Drug and Alcohol Use	1.45 (2.54)	1.01 (1.92)	0.44 (1.69)
Family Strengths/ Resilience	3.00 (0.92)	4.56 (0.97)	1.55 (1.26) <sup>+++</sup>
Parent Observations of Children's Activities	3.62 (0.48)	3.96 (0.46)	0.34 (0.36) <sup>+++</sup>
Parent Social/ Cognitive Skills	3.09 (0.87)	4.33 (0.45)	1.24 (0.92) <sup>+++</sup>

Alpha using two-tailed tests \* p &lt; .05

Alpha using one-tailed tests <sup>+</sup> p < .05

\*\* p &lt; .01

<sup>++</sup> p < .01

\*\*\* p &lt; .001

<sup>+++</sup> p < .001

Table 2b

## Bivariate Analyses: Change in Program Scores by Demographic Characteristics

	Parenting Skills	Drug and Alcohol Use	Family Strengths/Resilience	Parent Observations of Children's Activities	Parent Social/Cognitive Skills
Gender					
Male	0.60 (0.55)	0.83 (2.36)	0.90 (0.72)	0.13 (0.17)	0.58 (0.51)
Female	0.93 (0.77)	0.37 (1.60)	1.66 (1.30)	0.37 (0.37)	1.34 (0.93)
Language					
English	0.81 (0.72)	0.33 (1.59)	1.45 (1.28)	0.33 (0.37)	1.23 (0.95)
Spanish	1.45 (0.79)	1.25 (2.50)	2.33 (0.79)	0.37 (0.27)	1.33 (0.27)
Ethnicity					
Hispanic	1.13 (0.79)	0.56 (1.53)	2.41 (1.46)**	0.42 (0.50)	1.63 (0.91)
Other	0.97 (0.58)	0.48 (1.26)	1.39 (0.88)	0.34 (0.39)	1.43 (0.80)
White	0.64 (0.74)	0.76 (1.94)	0.95 (0.83)**	0.29 (0.26)	0.82 (0.85)
Age	-.340*	.057	-.522**	-.283	-.553**
Income	-.250	-.108	-.108	.037	.098

Alpha using two-tailed tests \* p &lt; .05

Alpha using one-tailed tests + p &lt; .05

\*\* p &lt; .01

++ p &lt; .01

\*\*\* p &lt; .001

+++ p &lt; .001