

LutraGroup

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

Executive Summary

Introduction

This evaluation was prepared by the LutraGroup (LG) Evaluation Director, Dr. Karol Kumpfer, under contract to Prevention Partnership International (PPI) a division of Family Resources International. This evaluation is intended to satisfy the evaluation requirements of grants made to PPI by The Health Trust and by The Community Foundation of Silicon Valley to support implementation of *Celebrating Families!*[™] The purpose of this study was to determine the effectiveness of *CF!* in a community setting, as implemented by several agencies serving families in early recovery 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!*[™].

The most significant result of this Year One evaluation is that preliminary outcome evaluation results suggest that *Celebrating Families!*[™] will prove to be as effective as the most similar evidence-based family program, Strengthening Families Program (SFP). *CF!* partnered with SFP, a widely disseminated, evidence-based family skills program with similar format and target population, to test *CF!*'s effectiveness. (SFP is a dosage equivalent program with a similar multiple group format: both programs include 15-16 week parenting, children's social skills, and family relationship groups for families with substance abusing parents.) The two programs differ in content: *CF!* focuses on affective or cognitive changes while SFP focuses on behavioral changes. *CF!* parenting and family outcomes are very large in terms of effect sizes, or changes in the families, even exceeding those of SFP. These large effect sizes suggest that *CF!* results in highly significant changes in the parents and family interaction patterns. Child outcomes also have relatively large effect sizes.

LutraGroup
January 2005- March 2006 Evaluation Report for *Celebrating Families!*[™]
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Year One Evaluation Contents

This is a Year One evaluation of *Celebrating Families!*[™] as implemented by the three agencies receiving funding in the San Jose area. The report begins with an introduction, staffing of the evaluation, and description of the *CF!* program. A process evaluation written by PPI shows that they met their contracted implementation goals and objectives. This process evaluation section includes a summary of the specific aims for the *CF!* initiative, an explanation of the need for *CF!*, and a description of the *CF!* program, staffing, and sites. Following the process evaluation report is the LutraGroup (LG) 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.

Introduction Below is PPI's Final *Celebrating Families!*[™] Process and Outcome Evaluation Grant Report for January 2005 – March 2006. A preliminary evaluation report was submitted by LutraGroup to PPI on May 15, 2006.

Evaluation Staff The contracted evaluator is LutraGroup, 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. LutraGroup has over 20 years experience conducting research and evaluations of the Strengthening Families Program. Dr. Karol Kumpfer is the Evaluation Director for LutraGroup. The staff is familiar with the community context and issues affecting the Santa Clara County providers. Dr. Kumpfer's role as Evaluation Director, as specified in the December 2004 contract, was to manage the evaluation, with specific tasks to include: writing the evaluation plan; designing outcome evaluation instruments that utilized Substance Abuse & Mental Health Services Administration (SAMHSA) Core and Government Performance and Results Act (GPRA) measures to assess *Celebrating Families!*[™] specified outcomes; supervising evaluation assistants hired by LutraGroup for data entry; developing the SPSS data base; and writing both preliminary and final outcome reports.

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 (Child Welfare Services Stakeholders Group, 2003; National Clearing House on Child Abuse and Neglect (NCCAN), 2003; U.S. Dept. of Health & Human Services (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 (National Committee to Prevent Child Abuse (NCPA), 1998). In Santa Clara County, the Family Dependency Treatment Court (FDTC), 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 family program companion to drug treatment for addicted parents. A pilot evaluation by a San Jose State University Master's Level student (Giorgio Quittan – see attachment) found positive results in reduction in days to family reunification for families participating in *CF!*.

Substance abuse and addiction are the primary causes in the dramatic rise of child abuse and neglect in this country. According to a national search by the Administration for Children & Families (ACF) Children's Bureau, there are no model and only two promising effective child maltreatment programs in the nation (Thomas, Leicht, Hughes, Madigan & Dowell, 2003). A tremendous need exists to find and disseminate effective child maltreatment programs for incorporation 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 disseminated, evidence-based family skills program, *Strengthening Families Program (SFP)*. This program has a very similar format and shares the target population of addicted parents.

CF! Program Description *Celebrating Families!*[™] (PPI, Tisch & Sibley, 2004), is a 16 session family program for children (ages 6 -17), in early recovery and their primary caregivers. *CF!* is a family skills training and substance abuse prevention program with similar dosage to Strengthening Families Program. Both programs involve age-appropriate separate but related curriculums that are delivered to the whole family on the same night once a week. Following a family dinner, the parents of children attend the *CF!* Parent Program for the first 90 minutes. At the same time their children attend the *CF!* Children's program in age-appropriate groups. A 30-minute Family Activity concludes the evening.

The model program funded under this initiative is *Celebrating Families!*[™] (*CF!*). Two agencies, Friends Outside and EMQ, received no additional program funding support. House on the Hill received limited funding for the program through grants from The Health Trust and The Community Foundation of Silicon Valley, as subcontractors to deliver *CF!* to 30 families with a parent in early recovery from chemical addiction.

Theoretical Background and Hypothesized Goals. The *CF!* program utilizes a cognitive-behavioral support group model, designed for families in which one or both parents are in early recovery and in which there is high risk for domestic/family violence and/or child abuse/neglect. Primary goals of *CF!* are:

- 1) to 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.

These aims are accomplished by teaching and modeling healthy living skills and parenting skills, and by 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 and responses to stimuli as a determination for behavior (Stone, 1998). CBT, first proposed by Albert Bandura, is an expansion on social learning theory (SLT) (Bandura, 1995). SLT 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 substance abuse (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 believed that participants will model these guidelines and techniques learned through *CF!* as a substitute for their previous pattern of SA.

Process Evaluation Methodology. A research quality process evaluation was executed to address the research question of whether the program was implemented as planned. It presents a careful description of the actual program implementation in terms of quality and fidelity to the standardized procedures, and provides feedback for program improvement. Program implementation was closely monitored by documenting barriers and successes using the Program Development Model (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.

This new program was under revision with improvements by the program developers and staff based on continuous quality feedback from the process evaluation site visits and interviews and from conversations with the agency staff implementing *Celebrating Families!*[™]. Although outside the committed scope of this report for The Health Trust and Community Foundation of Silicon Valley, preliminary work was done on an early childhood component for *Celebrating Families!*[™] with funding from a Lucile Packard Foundation for Children's Health grant in 2005. This new component will be the focus of a comparison study with Strengthening Families Program (3 to 5 Years) (Kumpfer & Whiteside, 2006) in 2006-08, also with funding from Lucile Packard Foundation for Children's Health.

Process Evaluation Methods. In this first year, new process evaluation instruments for client satisfaction, fidelity checklists for site visits, and focus group interview guide instruments were developed. Direct observation, staff and participant interviews and interview surveys, staff logs, notes to the files, and project records form the basis for the process evaluations. These tools were designed to assess the effects of program changes, re-staffing, and/or re-budgeting on the program. Documenting program history and context helped identify pre-existing and future problems and opportunities.

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, the fidelity of service delivery, program costs, and client satisfaction with services. Collaboration activities of Prevention Partnership International and sites were documented with collaborator contracts and agreements, weekly conference calls, minutes of meetings, and yearly interviews by the evaluators on a quantifiable family interview form developed by the Evaluation Director.

Several other process evaluation assessment forms were used. *Fidelity checklists* (see Appendix), measuring percent of activities covered and quality of delivery, were completed by two observers during randomly selected sessions of each *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 also kept 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. The Year One design employed a relatively small sample (N = 35 families) and a 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 nevertheless very promising.

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 and implementation objectives for Year One *Celebrating Families!*[™] initiative by PPI. Each objective is listed and is followed by the completion status.

1. **To replicate *Celebrating Families!*[™](*CF!*) with evaluation** at three community-based sites: House on the Hill, Friends Outside, and EMQ – Addiction Prevention Services. 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 whom 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	a. May 27, 2005 b. Feb. 6, 2006	Didn't use current tests 14 parent tests
EMQ – APS	a. May 16, 2005 b. Oct. 31, 2005	Didn't use current tests 6 parent tests
House on the Hill	a. Aug. 22, 2005 b. March 9, 2006	Didn't use current tests 15 parent tests

- b. 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 used by 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 the Child Abuse Symposium, at the Opening Ceremonies for House on the Hill, and at the Opening Meeting of the FASD Task Force.
 - b. *To explore continuing funding for community-based sites:*
 - i. Meetings were held with First Five's Senior Program Director, Ron Soto, who is very interested in integrating *Celebrating Families!*TM into their community collaborations. Pat Heller, Site Fidelity Coordinator, is working closely with Ron.
 - ii. Meetings with Social Services have not proven fruitful - they consider community-based replications of *Celebrating Families!*TM "competitive" with their Family Night program. It was determined that families with "open court cases" will attend Social Services Family Night; families without open cases, including those in jail for other reasons, will be served by community-based sites.
 - c. *To find continuing funding:* PPI wrote a successful proposal for 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 SFP, and provides a total of \$40,000 in site support. The new Early Childhood Component is also being implemented by FTDC.
 - 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:* The week of May 7th, PPI 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 (COAF); 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. Findings from the Preliminary Evaluation Report of May 15th were included in the presentations at: *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.*
 - b. Results from the final Year One evaluation report will be included in presentations at The Chadwick Center's conference on *Co-occurrence of Substance Abuse and Child and Family Maltreatment*, San Diego, CA., and at Children and Family Future's *Putting the Pieces Together for Children and Families*, Anaheim, CA.
4. **Unintended outcomes**
 - a. Grant from Lucile Packard Foundation for Children's Health for development of Preschool Component and comparison evaluation of *CF!* and SFP.
 - b. Referral of clients from Criminal Drug Courts to community-based sites (Judge Stephen Manley).
 - c. Inclusion of *Celebrating Families!*TM by Judge Leonard Edwards (now retired and replaced by Judge Katherine Lucero) as mandated component for families in FTDC.
 - d. Replication of model in FTDC, El Dorado County, California.
 - e. Statewide interest in model - PPI exploring grant to replicate the model with several other drug courts in the State, due to support from Judge Len Edwards.
 - f. Pilot of model adaptation (Keys to Healthy Families) in Moscow, Russia.

Implementation

A. Describe activities or methods undertaken (on-going):

- 1 Training provided twice yearly for 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 during 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 including new early childhood component completed January 2006, based on information from sites and Fidelity Site Coordinators.
- 6 As of January 2006 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, these Evaluation Instruments are significantly more complicated than those normally used by sites.
- 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 information on client satisfaction, barriers and successes, Dr. Kumpfer attempted to conduct Focus Groups with graduating participants, but this proved difficult. Dr. Kumpfer completed focus groups and individual interviews with families at EMQ – Addiction Prevention Services (APS), and conducted one-on-one phone interviews with Friends Outside clients. At House on the Hill, Dr. Kumpfer, unable to meet with families because no families attended the focus group session, so she talked with the staff about the implementation barriers and successes. Later a few parents were willing to be contacted by phone. The overall results of these focus groups suggest that the graduating families had experienced major improvements and were very happy with *CF!*

B. Obstacles Program Faced

- 1 Funding: Sites are still attempting to establish a sustainable funding base for groups. Currently, staff donate their time at Friends Outside. House on the Hill staff receive flex time, while EMQ has been able to fund staffing of groups.
- 2 Clients: A referral base for *Celebrating Families!*TM needs to be established. The first groups implemented at each site were not full.
- 3 Evaluation Instruments: The extensive, complicated instruments were extremely challenging for participants, particularly for those at House on the Hill. In response, Dr. Kumpfer changed instruments to a “Retro/Pre-Post Assessment” allowing participants to complete a full set of instruments only once.
- 4 Additional staff time was required to modify the existing format of instruments and to train and support site staff in implementation.
- 5 An overwhelming amount of preparation time was required from group leaders during the first series, with many having difficulty covering all material in each session. Patricia Heller, PPI Fidelity Site Coordinator, helped staff set priorities, and PPI staff edited the curriculum between series one and two.
- 6 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!*TM provide closed groups.

**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 factors, and with increases in protective factors in child, parent, and family outcomes. To demonstrate these changes, *CF!*

would show improvements by the posttest as compared to the pretest or to retrospective reporting in the following outcome objectives:

- Improved Child Cognitive and Behavioral Outcomes.
- Improved Parent Cognitive Outcomes and Parenting Skills
- Improved Family Communication, organization, and cohesion, and reduced family conflict.

Additional hypotheses included:

- *95% of participants would increase their knowledge of the disease of chemical dependency (CD) and its impact on families.* Measured by Adult Cognitive and Youth Cognitive tests, 100% of clients had increased their knowledge of CD. However the amount of increase 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.* Using Moos (1974) Family Communication scale, we found significant improvements in family communication with large effect sizes, especially for House on the Hill (HOH) 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 (1990) Social Skills scales, 100% of participants increased in social skills, with large changes in the children averaging a mean change of .21 for HOH and .51 for Friends Outside (FO) with effect sizes of ($d' = 1.28$).

We expect *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 *Celebrating Families!*TM in reducing child abuse and neglect. An ideal design (as shown in Figure 2, is a *true, randomized group, experimental design 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. Therefore, 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. To form another type of control group, a preliminary check was conducted to see if *CF!*'s outcomes are comparable to Strengthening Families Program (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 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 CF! (N=35)	O	CF! + TAU	O
Group # 2 SFP (N=1200)	O	SFP + TAU	O
O = observations or measurement points SFP = Strengthening Families Program CF! = <i>Celebrating Families!</i> TM (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 post hoc statistical design, with a quasi-experimental design (Cook & Campbell 1979) and is the design used for the comparison of Hispanic and non-Hispanic families by Kent Colman for his master's degree at San Jose State University in 2005. (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=144)	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! = <i>Celebrating Families!</i> TM (the Santa Clara County standardized existing parenting program) Booster = SFP and CF! Booster Sessions TAU = Treatment as Usual PAR = Parenting 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 Court, treatment providers, schools, the recovering community, and social services agencies in Santa Clara County, CA. In Santa Clara County, three drug treatment and family services agencies implemented *Celebrating Families!*TM and participated in the outcome evaluation process: House on the Hill, Friends Outside, and EMQ – Addiction Prevention Services. These agencies were trained to implement *CF!* programs to serve families in early recovery from substance abuse. Actual program activities take place at these agencies' facilities in the evenings. These agencies serve low-income families, with a 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 groups, and parent/caregiver skill building 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 represent only 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 completing the *CF!* Parent Retrospective Pre and Posttest Questionnaire. All subjects were voluntary

participants in the *CF!* program at the three participating agencies. Some of these families had been referred by the courts to the program and were strongly encouraged to complete it.

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 in early recovery from each family identified.

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 (85.7 %) and 5 males (14.3 %) with 2 missing values. It is generally found that mothers or grandmothers are the most likely participants in the program. However, generally about a third of the participants in SFP programs nationwide are men: either fathers or stepfathers. However, the number of men completing the questionnaires was very low. Observation of the first groups did suggest a much higher ratio of couples including men, particularly at EMQ. At EMQ – APS, almost all of the families had a male figure participating. Even though many were divorced or separated from the mothers, they 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. (Full report available from Rosemary Tisch, PPI.)

Participants in the SFP National Data Comparison Study. In order to create some type of comparison group for *CF!*, we compared *CF!* data to that of the total of 820 adults completing the Strengthening Families Program (SFP) nationally. It was possible to conduct this comparison analysis using ANOVA because both programs are comparable in dosage, with 16 weeks of family groups. *CF!* instruments were developed by Dr. Kumpfer to include the same scales and questions on 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.

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!*. Only those participants who graduated from the program, and completed both the pre and posttest were included. For the analysis, the unit of analysis was the family. The whole *family* is defined by the family group, with as many members of the family as possible encouraged to participate. Prior research suggests most families will have two or four members as participants in the parenting programs (1-2 parents or caretakers, foster parents, grandparents, and all children). As 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 participate, 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 PPI evaluation team had multiple meetings with providers to develop improved testing instruments for use with the new Fall 05 groups. Hence, agencies used two different types of instruments making analysis of instruments more difficult. *CF!* testing instruments include:

1. Parent retrospective pre and posttest (offering better control for response bias)
2. Child and youth instruments
3. Group Leader report on the parents and youth.

Instruments were implemented in three agencies: EMQ – APS, House on the Hill, and Friends Outside.

Measures

The outcome measures in this Year One evaluation included standardized self-report measurement instruments or scales with proven high psychometric properties (e.g., change sensitivity, internal consistency and reliabilities above $\alpha = .60$). The resulting 182-item CF Parent Retrospective Test was a challenge to create to match the goals and objectives of both *CF!* and SFP programs. In prior research, measures have 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. Other family researchers (Dishion & Andrews 1996; Spoth, Redmond, Shin, & Azevedo 2004) find 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 rate improvements in the family environment (reduced family needs, stress, conflict and increased family strengths and parent/child attachment), 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 the evaluator for both *CF!* and SFP, the same measures are being used by both programs, and the collaborating agencies are trained to collect the data. These measures are described below, and are presented in the Appendix.

Alcohol and Drug Use Measures. Standard 30-day use rates were tested on six alcohol and drugs for both the parents use and the children's use. Prescription medication use items were added to the CSAP recommended GPRA 30-day measures. Alcohol and illicit drug use (substance use rates, expectation to use, and attitudes about use) were 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).

Family Environment Measures. The *Family Strengths Assessment* (12-items) is a brief 5-point checklist created by Dr. Kumpfer and Carl Dunst for the American Humane Association to improve measurement of outcomes in child abuse and neglect cases. These scales are sensitive to change, and tap positive changes in the family environment. Family conflict, organization, communication, and cohesion were measured by four subscales (3 to 5-items each) as revised by the CSAP Core Measures team of the 10-item *Family Environment Scale subscales* (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 62-items the revised *Kellam Parent Observation of Children's Activities (POCA-R)* 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)*, which was used in earlier research on SFP NIDA/NIAAA grants. The POCA/TOCA has a five-point scale and is more sensitive to change than the 3-point scales on the CBCL. Also the CBCL is used more for diagnosis of children's mental health problems and not for evaluation of interventions. Children's problem solving and social and life skills will be measured by 36 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, confidence, parenting skills, and parent/child involvement are all measured within the 40-item (Kumpfer Parenting Skills scale) at the beginning of the parent retrospective questionnaire. Some of these measures such as parenting efficacy and skills are measured by the 8-item Hawkins Communities That Care (CTC) scales and the 10-item Kumpfer Parenting Skills scale. At the end of the CF parent test, the staff wanted to also measure the parent's social skills improvements, so a new 36-item scale was added mirroring the children's Gresham and Elliott *Social Skills Scale* was created.

Figure 4. Hypothesized Outcomes and Measures

<u>Long Term Goal</u>	<u>Measure.</u>
1 Decrease child abuse and neglect	SFP testing instrument, SFP/YFS staff observations/ratings,
2 Decrease CPS referrals	CPS and court records
<u>Family Change Objectives</u>	
Increase positive parent/child attachment/cohesion	Moos Family Environment Scale (FES) for family cohesion
Reduce family conflict	FES – family conflict
Increase family organization & order	FES – family organization
Increase family communication skills	FES – family communication
Increase family strengths & resilience	Family Strengths Assessment
<u>Child Change Objectives</u>	
Increase life & social skills	CDC YRBS and Gresham & Elliot Social Skills Scale
Decrease overt and covert aggression	SFP Child Instrument
Decrease ADD attention problems	POCA/TOCA scales
Decrease hyperactivity	
Decrease depression,	
Decrease criminal behavior	
<u>Parent Change Objectives.</u>	
Increase parenting confidence	SFP parent instrument
Increase parenting skills and efficacy	SFP parent/group leader instrument
Increase parent child involvement.	SFP parent/group leader instrument
Decrease excessive physical punishment	SFP parent/group leader instrument
Increase parental supportiveness	
Decrease substance use/misuse	CSAP /NIDA 30-day alcohol, tobacco, and illicit and prescription drug use

Retrospective Pre- and Post-tests. To check for bias on the pre-test caused by participants' 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) 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 in 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 (Kumpfer, Alvarado, Smith, & Bellamy, 2002), 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

Data was entered and analyzed using new SPSS database and computer syntax.

Preliminary Data Analysis. All outcome data was entered by research assistants and reviewed for errors. Standard data analysis procedures were 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 were transformed to approximate a normal distribution.

Missing Data. For these analyses only participants who had data for both the pre and posttest were included (assured by use of retrospective tests). However, there can still be cases with missing values (leastwise deletion), adversely affecting the efficiency of estimates and resulting in invalid inferences regarding the effects of predictor variables on outcomes unless missing data values are 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 estimate missing values or do 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!*: two groups each at Friends Outside, EMQ – APS, and House on the Hill. The number of parents who participated was larger. However, the sites did not begin using the new testing instruments until Fall 2005, 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 whom there is completed outcome data at 35 families. Although more families participated in the program, 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

As can be seen from Table 1, 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 cohorts. However, there are *significant positive results with large effect sizes*. This is very important because these outcome results are similar to those found for the SFP national outcome data using the same testing instruments. The positive result we find in this outcome data analysis is that, by the post-test, significant improvements are shown in all 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 negative result)
10. Family Strengths/Resilience	.0000	3.12 (very large)
11. Child Overt Aggression	.04	-.74 (large, negative result)
12. Child Concentration Problems	.000	2.49 (very large)
13. Hyperactivity	.004	-1.42 (very large negative result)
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 did not 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 high significant changes in the parents and in the family interaction patterns.

Changes in the children take longer to solidify. 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 who are in residential treatment and the earliest stages of recovery. These parents reported a very large increase in aggression, which occurs normally when the children finally feel safe. For awhile children may increase their acting out as their fear is reduced and parent/child roles or parentification reverse. Within several months they usually 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 a whole, these results are very positive for the newly evaluated six groups within the three sites. The results indicate positive changes in the parenting skills of the parents and family relationships, and that these changes 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 results provide an indication of the effectiveness of the *Celebrating Families!*[™] program and find that it is effective and creates significant positive changes in parents, children and the whole 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 that 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 from the House on the Hill or EMQ-APS 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									
<i>Celebrating Families!</i> Parents									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	Effect size (d')
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 CF! Outcomes by Variable and Site

Reported below are the 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 by this immediate posttest, with some improvements in depression, and social skills, but and some statistically significant negative results according the parent's report for overt and covert aggression and hyperactivity. Increased criminal behavior was a non-statistically significant trend. Only the increase in hyperactivity was a solid, statistically significant result. Most of these results are marginally statistically significant because of the small sample size.

Positive Children's Outcomes

Counterbalancing these negative results were positive outcomes for the children's Covert Aggression at FO and decreased ADD or concentration problems at two of the 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 usually take longer to solidify.

As shown below, one of the largest improvements was for improvements in concentration or reduced ADD. Two of the three sites, namely Friends Outside and House on the Hill, had parents who reported statistically significant improvements with large effect sizes. EMQ's parents reported large increases but with a smaller sample size this change was not statistically significant ($p < .10$).

Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	Effect size (d')
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

Social Skills. As can be seen below in the follow tables, social skills did not improve except as a non-significant positive trend (mean changes from 3.60 to 3.83. None of the three sites had statistically significant positive changes which is strange because using these same measures or instruments, almost all Strengthening Families Program sites have positive outcomes that are statistically significant for this outcome of increased social skills.

Depression. One of the most solid positive improvements in mean change for the mean of all three sites was for reductions in depression as reported by the parents for the children as shown below. However, this outcome was actually not found for two of the sites. Only the HOH had large improvements, which skewed the results for all three sites.

Social Skills	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

Negative Results in Children by Posttest

Overt and Covert Aggression. Despite these positive outcomes in the children there were three significant negative outcomes by the posttest and one non-significant negative outcomes. As is shown below, although both FO and EMQ – APS parents reported decreases in children's overt aggression, HOH, a residential facility, reported significant negative results ($p = .01$) in increases in overt aggression by the children by the posttest. When averaged together in the sample of 34 children, the mean change of .42 resulted in a statistically significant ($p < .040$) increase in overt aggression with a relatively large effect size of $d' = .74$.

Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size (d')
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

Following a similar pattern, covert aggression also increased slightly in the children at House on the Hill. When these results were averaged with the highly statistically significant improvement in covert aggression by children at Friends Outside ($p < .000$) and non-significant minor improvement in the EMQ site children, the overall positive results were not statistically significant ($p = .33$).

This increase in negative behavior or acting out behavior in children in a treatment residential setting has been observed as a short term effect in children of mothers who come to a residential treatment facility.

This lack of positive effects on conduct behavior problems in the children of alcoholics or drug abusers is concerning because one of the most important outcomes, generally found for SFP, are reductions by the posttest in overt and covert aggression (Kumpfer, 2006).

Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size (d')
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
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. Along with this increase in conduct disorders, the parents also reported by the immediate posttest that the children had increased in their level of activity or hyperactivity. While in this case will no change was found in the four House on the Hill children, parents at Friends Outside ($n = 12$) reported a statically significant and rather large increase ($d' = 2.31$, mean change was .64) in the children's level of activity. EMQ parents reported non-significant increases in hyperactivity. Because of the larger sample size at FO, the total mean change score was a statistically significant ($p < .004$) increase in hyperactivity.

Criminal Behavior. A non-significant increase was reported by FO parents. In general, the children are too young to be manifesting criminal behavior so the rates are at baseline or just above 1 or no reports of criminal behavior.

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

Celebrating Families! Program Evaluation Results: Child Outcomes									
April-06									
<i>Celebrating Families!</i>									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size (d')
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
Social Skills	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 in 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, which exists primarily because of

negative outcomes for House on the Hill families. These families are in crisis with a family member in residential treatment, which 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: Child Outcomes									
April-06									
Celebrating Families!™									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	effect size (d')
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 go for residential treatment, the children feel they can relax their “perfect” behaviors and may go through a phase of acting out. Sometimes parents interpret this behavior as becoming less well behaved. 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. In addition, children could be reacting to increased parenting and supervision by the parents. The increases in family conflict reported by the sites could be a result of this change in the family dynamics.

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: Celebrating Families!™ Pre- to Posttest Outcomes for Parent, Family and Child Outcomes across Three Agencies

Celebrating Families!™ Program Evaluation Agency Comparison Results									
April-06									
<i>Celebrating Families!™</i>									
Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	Effect size (d')
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	122.3 4	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
Social Skills	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 Table 6 below, the total outcomes for the parents, children and family relationships have all improved by the immediate post-test for *CF!*. There was considerable missing data for the adolescent youth self-report below with only 13 respondents. However, these responses match the outcomes from the group leader ratings of the families. This additional group leader rating of the family was added to this *CF!* evaluation to improve triangulation of the data to verify the reliability of the child reports. The alpha values for reliability of the data 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

Celebrating Families!™ Evaluation									
July-06									
Analysis for <i>Celebrating Families!™</i>									

Scale Name	Sample	Pre-Test	SD	Post-Test	SD	Change	F	sig	Effect size (d')
Parental Support (Child Report)	13	3.50	0.93	3.94	0.78	0.43	7.13	0.020	1.54
Discipline (Child Report)	13	2.97	0.36	3.09	0.24	0.11	2.63	0.131	0.94
Parental Communication (Child Report)	13	2.87	0.87	3.29	0.90	0.42	9.37	0.010	1.77
Family Conflict (Child Report)	13	2.23	0.94	2.01	0.83	(0.22)	2.50	0.140	0.91
Parental Antisocial Behavior (Child Report)	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 obtain national effective program status for *Celebrating Families!*[™], a marker already held by Strengthening Families Program. 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. The results in the following table suggest that *CF!* has slightly more positive results for parenting outcomes such as Positive Parenting, but not as positive as SFP for changes in Parental Supervision or Parenting Efficacy. *Parental Involvement increased more for CF!* possibly because of the lower rate at baseline pretest. This difference may be due to the fact that many of the parents in *CF!* are recovering addicts, while not all families in the SFP national database are chemically dependent. Effect sizes are always smaller when you work with lower risk parents as is done in SFP. This suggests a future comparison would be to compare *CF!* parents in recovery with recovering parents in the SFP National Database.

Family Outcomes. Most of the changes in the family were positive, particularly in Family Communication. Family Conflict, as previously discussed for the individual *CF!* sites, is an exception. Family Organization improved equally for both programs. *Family Cohesion improved more for the CF! families. Family Strengths and Resilience increased more for CF! than SFP.*

Child Outcomes. As mentioned earlier, there was a mixed pattern of results for the children. Most of the changes were in the positive direction, especially for Children's Depression for children in *CF!* The two programs were equivalent for outcomes in 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 discussed previously under the Site Analysis. Hopefully the positive changes in depression and covert aggression will result in lasting improvements in diagnosed mental health problems as found for the SFP 10-14 Years in a 10 year follow-up study (Spoth, Redmond, Mason, Kosterman, Haggarty, & Hawkins, 2005).

It should be stated again that these results are based on a very small sample size of 35 families. Results are promising of stronger results in the future with true comparison groups served by the same agencies. 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!*

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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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
<i>Celebrating Families!</i> TM	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 Years 2005-07

With Lucile Packard Foundation for Children's Health funding in Years 2005-07, the evaluation will be stronger for the following reasons:

- 1 Implement an Experimental Design with Dosage Equivalent Comparison Group. The participating agencies will implement both *Celebrating Families!*TM and Strengthening Families Program.
- 2 Conduct Comparative Data Analysis. The *CF!* program will be compared to SFP outcome results.
- 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 publications on the development and content of *Celebrating Families!*TM and on the outcome effectiveness of *Celebrating Families!*TM compared to Strengthening Families Program (Kumpfer, Cofrin primary authors).
- 4 Apply For Model SAMHSA Program Status for *Celebrating Families!*TM with SAMHSA and other state and federal agencies who are determining programs with evidence of effectiveness, through reviews of the practice and research literature.
- 5 Improve the Process and Outcome Evaluation Methodology. Based on our experience with multiple staff working on the evaluation we recommend Dr. Kumpfer be responsible for the outcome data entry and analysis and that portion of the final evaluation report. Rosemary Tisch of PPI should be the primary person responsible for the process evaluation on *Celebrating Families!*TM and present that section of the final report. Dr. Kumpfer would prepare any process evaluation on Strengthening Families Program.

Recommendation for Evaluation Improvements in Year Two

This first year has been much more work than expected for all concerned. It became necessary to create new testing instruments, forms, SPSS data bases; to write new analysis syntax for the parent and child outcome data; and to conduct more site visits than planned to ensure *CF!* model fidelity and quality. Dr. Kumpfer conducted additional focus groups with graduating parents at 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 conducted by PPI staff since they know their program better. Then 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.* As agencies begin implementing SFP there could be contamination in both directions of the program materials.
- 3 *Streamline the Outcome Evaluation Process.* Written forms, coordinating multiple evaluation and meeting of deadlines will be facilitated by the work of the previous year. It will be necessary to ensure there is 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 *Assure Equality in the Implementation Enthusiasm for the Strengthening Families Program.* All CF! are now expected to implement SFP. Monitoring contamination effects between the programs and assuring equal enthusiasm for SFP is important. Sites need to see the value of implementing SFP serving as a comparison group for CF!
- 5 *Find a Fourth Site to Implement Programs.* The L. Packard Foundation grant specifies four agencies, in order to have sufficient sample size and balanced design
- 6 *Attract Families of Preschoolers.* The new L. Packard grant requires agencies to recruit families with preschoolers. Currently CF! focuses on elementary through high school aged children.
- 7 *Develop a Data Gathering Systems for the Child Abuse Data.* The L. Packard grant specifies in the outcome evaluation measures the collection of social service data as indicators of reduced child maltreatment following participation. A no treatment comparison group in the drug court data or social services data should be considered.

Year Two Evaluation: Proposed Goals, Objectives, and Outcomes

The major goal of the Lucile Packard Foundation for Children’s Health grant is to develop an early childhood component and to test its effectiveness to increase parenting skills and reduce child maltreatment for both *Celebrating Families!*[™] and Strengthening Families Program. A detailed chart of these Goals, Objectives, Activities and Measurements is included below.

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: *Celebrating Families!*[™] and Strengthening Families Program

Strategy/Objective	Indicators (long-term impacts)	Benchmarks (short-term outcomes)	Activities
Develop curriculum manuals: CF! in 7 months (PPI) SFP in 6 months (LutraGroup)	More culturally-appropriate and effective program as measured by child maltreatment outcomes.	Increased buy-in by providers and families measured by client and agency satisfaction measures	Collaborate with parents and agency staff, program developer to write new manuals.
Group leader training workshops (3-days) for 20-40 staff within 7-8 months in CF! and SFP	Increased leader effectiveness measured by outcomes and quality and fidelity checklist process measures	Agency staff demonstrate competence in lessons and rate SFP/CF! workshop high on workshop evaluations.	Develop training of CF! and SFP group leaders workshop materials, PowerPoint Presentations, exercises, agendas, and graduation certificates.

<p>Implement the Preschool <i>CF!</i> and SFP for 120 court- referred families (150 parents/ caretakers and 150 preschoolers and 150 older siblings) by Month 7 to 20.</p>	<p>Reduced child maltreatment, improved parenting behaviors, parent/child attachment, reduced child neglect, decrease court and CPS costs.</p>	<p>Improvements in family risk, protective, and resilience factors, such as positive changes: Parenting Skills Children's Development Family Bonding.</p>	<p>By Dec. 2007, 120 high risk families of 3-5 year old children will enroll and participate in one of 8 classes in SFP or <i>CF!</i> offered by four agencies (EMQ – APS, AARS, House on Hill, Friends Outside).</p>
<p>Outcome Measures: Process evaluation measures including workshop evaluations, four random site visits per group by two evaluators using fidelity and quality checklists, 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 <i>CF!</i>. We will also collect pre-, post, and follow-up-test data on families in treatment as usual (TAU) groups for comparison to <i>CF!</i> and SFP.</p>			

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