Parenting Services for Families Affected by Substance Abuse

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This article describes the development, implementation, and replication of a group-based parenting program for families affected by substance abuse. The *Nurturing Program for Families in Substance Abuse Treatment and Recovery* improves parenting, as measured on objective scales; enhances parents' satisfaction and competence, as measured by participant reports; and is based on principles demonstrated to be effective in reducing risk of both child abuse and neglect and substance abuse for both parents and children.

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This article describes the development, implementation, and replication of a group-based parenting program for families affected by substance abuse, the *Nurturing Program for Families in Substance Abuse Treatment and Recovery.* Developed as a result of a federally funded demonstration project for pregnant and parenting women in substance abuse treatment, this program represents significant changes in substance abuse treatment services and increases the ability of child welfare and substance abuse service systems to coordinate service planning.

Background

Until the late 1980s, most substance abuse treatment programming was based on a model of service for the single male, with little attention paid to parent-child relationships or indeed to other familial or affiliative relationships [Finkelstein 1996]. Few treatment programs existed for women, and most of those that did exist were also based on this "single individual" model. At the same time, the child welfare service system and the substance abuse treatment system, often serving the same clients, interacted peripherally, and it was uncommon to find joint program or service planning [Finkelstein 1993, 1994].

In the late 1980s, two factors arose that altered this picture. One was the growing recognition that substance abuse treatment for women had to address relational issues, including parenting, to fully respond to women's needs and therefore promote successful treatment outcomes. At nearly the same time, the crack "epidemic" raised serious concerns about the effects of perinatal exposure to drugs and the need to provide specialized substance abuse treatment for pregnant and parenting women. This "epidemic" highlighted the fact that a large proportion of child welfare caseloads were families affected by substance abuse, a fact that continues to be true, with estimates that up to 80% of the caseloads are currently affected by substance abuse [CWLA 1998].

The demonstration project, which was the impetus for the development of this program, was innovative in its integration of parenting and parent-child services into substance abuse treatment. One effect of this integration was to increase coordination and planning with child welfare agencies serving the same families. Initially this coordination occurred between the programs involved in the demonstration project and local child welfare agencies. The demonstration project, however, heralded an increase in substance abuse treatment programs serving women with children and families, leading to more systemic coordination. In light of the time limits imposed by the Adoption and Safe Families Act (P.L. 105-89) and the steady high percentage of child welfare involved families affected by substance abuse, improvement and expansion in coordination and joint service planning becomes critical.

This article describes the three phases through which this program was developed and tested.* Phase I summarizes the demonstration project, with a focus on the parenting program used and its effectiveness measures. This demonstration project formed the foundation for the development of the new project. Phase II describes the creation of the program, including rationale and content. Phase III describes the implementation and replication of the program throughout the Massachusetts publicly funded substance abuse treatment system for women and families. This phase also includes preliminary results of early evaluation efforts.

Phase I: Development

The *Nurturing Program for Families in Substance Abuse Treatment and Recovery* (the "program"), is an outcome of the parenting component of a Center for Substance Abuse Prevention demonstra-

* A full report of this demonstration project can be found in Camp and Finkelstein's [1997] "Parenting Training for Women in Residential Substance Abuse Treatment: Results of a Demonstration Project."

tion project, the Coalition on Addiction, Pregnancy and Parenting (CAPP). The CAPP project, now known as the Institute for Health and Recovery (IHR), included the design, implementation, and management of a program of parenting and parent-child services at two women's residential substance abuse treatment agencies in Massachusetts. The goals of this component were to improve parenting skills, promote child development, and enhance parent-child relationships to improve treatment outcomes and reduce risk of relapse as well as to reduce developmental or abuse/neglect risks to children. This project specifically focused on integrating successful treatment with improved parenting skills through enhancement of family relationships.

Families affected by substance abuse benefit in several ways from developing nurturing family relationships [Camp & Finkelstein 1997; de Cubas 1993] and particularly from enhancing parents' substance abuse treatment. Treatment and relapse prevention reports emphasize the importance of supporting the ability to form and maintain mutual and empathic relationships; the ability to experience success and enjoyment as parents; and the ability to cope with daily life stresses as crucial programmatic components [Bry et al. 1998; Camp & Finkelstein 1997; Castellani et al. 1997; Van Bremen & Chasnoff 1994].

For parents, family life and family relationships are critical areas for building coping skills. Incorporating these areas of concern into treatment programs can promote successful treatment and reduce relapse risk by keeping parents in treatment longer, as well as by increasing their self-esteem and sense of competence as parents [Camp & Finkelstein 1997; Chassin et al. 1991; U.S. Department of Health and Human Services 1999; Van Bremen & Chasnoff 1994]. Promoting nurturing parent-child relationships reduces both the risk of substance abuse for both parent and child, as well as intergenerational patterns of violence, abuse, and neglect.

The CAPP project selected the *Nurturing Program for Parents of Children Birth to Five Years Old*, by Stephen Bavolek, Ph.D., for

use in the structured parenting skills group, one component of the program of services. The *Nurturing Program* has a well-established history as an effective intervention for improving parenting skills and reducing risk of child maltreatment, as well as a validated, reliable measure of effectiveness instrument, the Adult Adolescent Parenting Inventory (AAPI).

To make the *Nurturing Program* more responsive to the needs of the target population—parents in substance abuse treatment—strategic modifications were undertaken:

- To respond to the range of literacy levels and learning styles (52% of participants had not completed high school), formal didactic components of the *Nurturing Program* were reduced, and more experiential exercises were designed and implemented to allow for more effective learning for participants better able to express themselves through art, play, and interactive activity.
- Because a high number of participants had experienced childhood abuse and neglect (40% reported at intake that they had experienced sexual abuse in childhood; 37% reported that they had experienced physical abuse), additional material was developed to enhance parents' experience of nurturing through play, meditation, and self-expression, for example.

These adaptations addressed important intergenerational factors associated with substance abuse and with child abuse and neglect, the transmission of patterns of child maltreatment, and the increased risks of alcohol or drug abuse faced by children of substance-abusing parents. The adaptations also maintained adherence with the core domains of the *Nurturing Program*, that is: (1) enhancing appropriate developmental expectations; (2) increasing empathy for children's points of view; (3) valuing and using alternatives to corporal punishments; and (4) establishing and maintaining appropriate roles.

The modified version of the *Nurturing Program* was successfully implemented during the span of the demonstration project

(1989 through 1995). Evaluation of the effects of the parenting program yielded encouraging findings, as reported in Camp and Finkelstein [1997]. Effects were measured to determine whether participants who completed the *Nurturing Program* exhibited improvement in parenting knowledge and attitudes and how the women who completed the *Nurturing Program* assessed its impact.

Design and Measures

Using a quasiexperimental design, employing repeat measures, findings were based on administration of the AAPI at three points: admission to the modified *Nurturing Program*; three months after admission or at discharge if it occurred before completing three months; and at completion. Findings are presented for each of the two treatment programs, since there were important differences between them.

Although 170 women completed initial measures, fewer completed both pre- and postmeasures. At one program, 26 women completed pre- and postmeasures; at the second program, 40 completed pre- and postmeasures. Sample attrition arises from treatment dropout rates: at the last point of data collection, 156 of the 170 had been discharged from treatment. Fifty-five percent of residents at one program had completed the modified *Nurturing Program*, while 35% at the second program were completers. Some of this difference can be accounted for by length of stay: the first program was traditionally longer term, with a median length of stay of 347 days, while at the second the median length of stay was 79 days.

It is important to keep in mind the frequently high dropout rate experienced in long-term, residential treatment programs. It is not unusual that between 30% and 50% of those who begin treatment drop out before completing treatment. Some of this is due to relapse; some due to rejection of a particular treatment modality; and some who enter treatment leave when they be-

lieve they have gained all they can, even if the treatment program disagrees with this decision. Therefore, failure to complete the parenting program is mainly failure to complete long-term treatment. In fact, as reported in Camp and Finkelstein [1997], participation in the parenting program increased the likelihood of treatment completion.

Results

In both programs there were significant changes in scores on the AAPI between time 1 (pretest) and time 3 (posttest). Table 1 summarizes the changes in scores on the AAPI between time 1 (pretest) and time 3 (posttest) for each program.

Relapse Risk Reduction

In addition to measures of the modified *Nurturing Program*, the demonstration project also followed up with women who had left treatment, collecting data on abstinence and relapse. Survival analysis on relapse rates demonstrated that completion of the modified *Nurturing Program* was related to longer lengths of abstinence, with an average estimated time to relapse being 14.7 months for completers and 9.4 months for noncompleters.

Phase II: Creating the New Program

Building on this success, at the completion of the demonstration project, the modified program was substantially revised. New material was developed, producing a new curriculum, the *Nurturing Program for Families in Substance Abuse Treatment and Recovery*, published in 1995. This new program incorporated the four core domains of the original *Nurturing Program*, each comprehensively incorporating material relevant to families affected by parental substance abuse. The domain regarding developmental expectations was expanded to include information about adult development, the developmental processes of recovery, and

TABLE 1
Change in AAPI Scores from Time 1 (Pretest) to Time 2 (Posttest)

Domain	*Change in Score Program A*	*Test Statistic Difference*	*Change in Score Program B*	*Test Statistic Difference*
Appropriate Expectations	+1.2	t=3.73**	+0.1	t=0.43
Lack of Empathy	+1.5	t=4.92***	+1.4	t=5.97***
Belief in Alternatives to Corporal Punishment	+1.2	t=4.20***	+0.5	S=5.0
Appropriate Roles	+1.8	t=5.43***	+0.7	W=103.5**

** $p < .01$; *** $p < .001$
t=t value; S=sign; W=Wilcoxon

parenting development. This approach—by which parents first understand themselves and their developmental needs, and then apply that learning to understanding their children—enhances empathy, a critical component of relationships [Jordan 1991; Surrey 1991]. Similarly, empathy and self-empathy are enhanced when parents explore their own childhood experiences, for example, in being afraid, as a pathway to understanding their children's feelings. Considerable new material focused on the effects of substance abuse on family relationships, including generational patterns and recovery as a family process. Through these components, parents' ability to feel capable and competent and to seek appropriate sources of response to their own needs, enhanced their ability to establish and maintain appropriate roles with their children. Nurturing relationships within the family provide significant protection for youth in terms of substance use, child abuse and neglect, and other social or behavioral problems [Cook et al. 1991]. New material aimed at exploration and celebration of participants' cultural heritage was also developed, with emphasis on promoting family celebration of culture.

The program consists of 18 different 90-minute sessions, covering:

Hope. This introductory session is aimed at establishing a basis for group cohesion; assisting participants in understanding the importance and ways of promoting hope for themselves and their children; and exploring cultural values and rituals related to new beginnings.

Growth and Trust. Participants explore themes and tasks of human development, with emphasis on the parallel development of recovery and of parenting.

Feelings. Through games and art, participants explore various ways of identifying and expressing feelings, with emphasis on helping children identify and express their feelings.

Self-Esteem. Information is presented on the building blocks of self-esteem for both parents and children. Small group tasks focus on ways of promoting self-esteem for children.

Making Connections. This theme is covered in four sessions: "Communication," "Confrontation and Problem-Solving," "Body Talk," and "What Babies Teach Us."

Building Structure. Four sessions make up this them: "Managing Stress," "Setting Boundaries," "Schedules and Routines," and "Safety and Protecting Children."

Guiding Behavior. The principle that parents guide and teach, rather than manage their children is explored by focusing on the issue of praise. Specific tools of teaching, such as teaching self-calming, time-out, and redirection, are presented.

Knowing Our Values. Participants explore development of a sense of purpose in preschool age children. Participants explore their own values and their ability to describe them.

Recovery—Love and Loss. Losses experienced by parents and children as a result of substance abuse are explored. The process of grieving is described and discussed, as are ways of supporting adults and children in grief.

Having Fun. The importance of play and fun in recovery and in family life is explored, including cultural traditions, games, and stories. Certificates of completion are awarded.

Phase III: Implementation and Dissemination

Beginning in 1995, the program was implemented throughout the residential and community housing substance abuse treatment programs serving women, women with children, and families supported by the Massachusetts Department of Public Health, Bureau of Substance Abuse Services. Agencies included residential settings serving women, substance abuse treatment shelters serving families, and community housing programs for families that incorporate substance abuse treatment. Clients involved were predominantly women with children from urban, suburban, and rural settings, representing a wide variety of cultural and ethnic groups. Economically, most were low income. The model of dissemination included staff training and supervision; on-site technical assistance and group coleadership; and collection of evaluation measures.

Staff training, supervision, and on-site group coleadership were deemed critical components in this systemwide effort. Program designers aimed not only to enable substance abuse treatment staff to offer parenting and parent-child services, but to effect change within the substance abuse treatment system statewide. Substance abuse treatment traditionally has focused on the single, unencumbered adult. Family, parent-child, and child welfare issues were considered secondary to issues related to the individual's addiction and recovery. A major objective of this implementation effort was to incorporate family, parent-child, and child welfare issues into the structure of substance abuse treatment programming and to enhance confidence and competence of staff in addressing these concerns. Therefore, considerable effort was invested in the training, supervision, and coleadership components.

Three full days of initial, intensive training were provided to staff of substance abuse treatment programs. Program directors were encouraged to send as many staff members as possible to

broaden the base of support. The three days were spread out, one day per week, to reduce disruption in the treatment schedule. This training encompassed theory and research regarding substance abuse and families, family dynamics, child development, child abuse and neglect, and parenting practices. Participants experienced components of the program in an atmosphere that reflected the philosophy of the *Nurturing Program for Families in Substance Abuse Treatment and Recovery*, which aims to nurture parents so parents can nurture children. Staff educational levels ranged from GED to Ph.D. and job titles from case manager or day care teacher to program director and senior clinician. From 1995 through 1999, more than 250 staff members were trained. Their comments include: "It's what is missing in the human service field;" this training "has opened my mind in many different ways (both personally and professionally)."

Following the three days of training, program designers spent from nine months to a year working at each treatment program one day per week, coleading program groups, and consulting with staff on parent-child, child welfare, and family issues. This on-site model promoted collaboration with early intervention, family and children's service agencies, and child welfare organizations.

In some settings, program designers assisted in developing models to promote visits with children in out-of-home care; in others, programming for children living with their parents in treatment was the focus. In still others, working with the child welfare agency toward reunification was the goal. In all cases, the goal was to increase the ability of the substance abuse treatment system to address and respond to parent-child, child welfare, and family issues, and to promote collaboration and coordination between substance abuse treatment programs, family and children's service agencies, and child welfare organizations.

Following this model, between 1995 and 1999 the program was implemented in 11 residential programs, including seven

serving pregnant and postpartum women and their infants and one serving Latina women and their children; eight substance abuse family residential treatment programs; and five community housing programs for families incorporating substance abuse treatment.

Preliminary Results

Implementation of the *Nurturing Program* is continuing throughout substance abuse treatment programs in Massachusetts and data are still being collected. Preliminary data on statewide implementation of the *Nurturing Program for Families in Substance Abuse Treatment and Recovery* include pre- and postadministration of standardized measurements and evaluation by participants.

Design and Measures

The Adult-Adolescent Parenting Inventory (AAPI) was selected for use as a pre/post measure because (1) domains measured by the AAPI reflect those in the program; (2) sample considerations employed in standardizing the AAPI include: gender, age, ethnic group, language, geographical regions, and urban and rural settings, and (3) the AAPI had been used in similar projects. Participant evaluations were completed at the end of program implementation. AAPIs were administered at the beginning of implementation, at the halfway point, and at program completion.

Limitations on AAPI Measures

Attrition. Normal treatment dropout (i.e. leaving treatment prematurely), which would affect ability to analyze data for significance, was complicated by several other factors in the implementation of the program. In the majority of treatment programs, all clients who were residents at the beginning of implementation

participated in the *Nurturing Program for Families in Substance Abuse Treatment and Recovery*. Therefore, participants completing the initial AAPI included residents who were nearing completion of treatment, and therefore not present for either the midpoint, or completion-point administrations of the measures.

In addition, most treatment programs were organized on a three-, six-, or nine-month plan. The Nurturing Program was modified at times to accommodate shorter treatment timeframes, but since it usually took four to six months to complete one course of the *Nurturing Program*, many participants completed treatment before completing the program, and resources were not available to track individuals after leaving treatment.

As a result of these limitations (high attrition and limited information on dropouts), preliminary data, while showing positive changes on all domains, could not be analyzed for significance. Data for completers, however, were uniformly positive. The AAPI scores available on completers show the biggest changes in the domains of Appropriate Roles (+. 70) and Empathy (+. 69), with smaller changes in the domain of Belief in Alternatives to Corporal Punishment (+. 47), which had a high average Time 1 score (7.08) and in the domain of Appropriate Expectations (+. 05), which also had a high Time 1 average (6.29).

Case Study

Although nearly all treatment agencies followed the process outlined above, one agency elected to implement the *Nurturing Program* differently. "Agency C" is designed to provide long-term treatment (12 to 18 months). Because residents were expected to be in the agency for at least one course of the *Nurturing Program*, the agency elected to recruit residents for a closed group, that is no new admissions to the group once it started. Fifteen women enrolled in the *Nurturing Program*. Two women left treatment before completion, one due to child care concerns, and the other to a move to a different city. Of the 13 women who completed the

program, two attended all sessions, and none attended fewer than 14 of the 18 sessions. AAPIs were administered at the beginning, midpoint, and completion of the groups.

With this level of participation and completion, even greater changes in scores were recorded. Scores in the domain of Empathy improved by +1.80, and in the domain of Appropriate Roles, by +1.47. Domains of Appropriate Expectations and Belief in Alternatives to Corporal Punishment showed slightly lower gains of +. 83 and +. 71 respectively.

Participant Evaluation

Participants provided both quantitative and qualitative assessment of the *Nurturing Program for Families in Substance Abuse Treatment and Recovery.* They were asked to rate the program on a scale of one to five (5 = Excellent). The average rating was 4.5.

In addition, participants were asked what they learned, and what they have changed as a result of their experience in the *Nurturing Program.* Their comments reflect positive outcomes in terms of the goals of the program: strengthening family relationships and strengthening recovery.

Family Relationships and Parenting. "Most of what I learned had to do with ways I thought I *should* parent and that there really is no rulebook or manual to being a good parent. I also spent time learning about my child's boundaries." "I've learned a lot of new ways to discipline, comfort, nurture, trust, love, care." "[I have learned] patience with my children; to think on their level." "I have learned that my child will learn different skills on her own time and not mine, and that I need to be patient and loving and supportive no matter what." "I don't yell as much; I use time out instead of hitting." "I don't have to yell or get stressed out with my kids. I have ways to relate."

Strengthening Recovery. "[I learned] how to have fun as a clean and sober person, how to recognize certain feelings and situa-

tions and how I can deal with them; how to interact with other people, and how to nurture myself, my family, and friends, and feel comfortable with it." "How to handle many of life's everyday issues and problems." "What nurturing is, how to nurture and care for myself as well as others; that I am a truly worthwhile human being who deserves safety, respect and happiness." "To take the initiative in my recovery."

Implications

In Massachusetts, statewide replication of the *Nurturing Program* within women's and family residential treatment has resulted in: (1) other substance abuse treatment modalities requesting parenting and children's services, such as men's residential treatment programs and outpatient treatment programs; (2) additional state resources allocated for both parenting and children's services as well as development of child care components within outpatient substance abuse treatment; and (3) increased recognition, on both a state and local program level of the critical link between substance abuse and child welfare, the enormous impact that each issue has on both systems of care, and the greater need for joint policy and treatment initiatives. In turn, this has lead to; (4) increased collaboration between the Bureau of Substance Abuse Services and other state agencies serving families and children, such as the Department of Social Services, the Office of Child Care Services, Early Intervention, and the Department of Mental Health; and (5) movement toward reimbursing parenting groups within substance abuse treatment, recognizing their important role in both treatment and relapse prevention as well as prevention of child abuse and neglect, family violence, and future substance use and abuse by the children of substance-abusing parents.

The *Nurturing Program for Families in Substance Abuse Treatment and Recovery* was designed to be easily adapted to the needs

of different agencies and client populations. For example, in implementing the program at agencies serving Latina women and their children, portions of the program were translated into Spanish. Other adaptations have been made to address problems raised in implementation or the needs of special populations. A shorter, 10-12 week version of the program was developed specifically for shorter-term residential treatment programs as well as outpatient treatment services, which tend to have clients in care for shorter time periods. To further address child welfare concerns around reunification, another adaptation, *Building Family Recovery*, was developed to address issues of older children, family separation, and reunification. A third program, *Nurturing Families Affected By Substance Abuse, Mental Illness and Trauma*, is currently being piloted to address the concurrent issues of substance abuse, mental illness, and violence and trauma so common in both the substance abuse and child welfare population. Nationally, the program has been selected as a promising prevention program by the Substance Abuse and Mental Health Services Administration SAMHSA and is being used by a number of (SAMHSA) grantees in Center for Substance Abuse Prevention's Family Strengthening program. This two-year program will provide additional and more useful evaluation data on the effectiveness of the program in a variety of settings.

The development of a parenting program specifically for families affected by substance abuse enhances opportunities for substance abuse and child welfare service systems to work together for the families they both serve. This leads to not only greater understanding of each other's missions and how they are often seen as conflicting with one another, but to the building of more trusting, collaborative relationships across systems. Not unlike change in individual clients, system change often begins with relationship building, especially if state-level policymakers are also involved. In Massachusetts, ten years of incorporating parenting and child welfare concerns into substance abuse pre-

vention and treatment has led to closer collaborations between the Bureau of Substance Abuse Services and the Department of Social Services (state child welfare agency), including jointly developed and funded pilot projects and system change efforts, such as setting aside residential beds specifically for child welfare clients, specific linkages between child welfare local offices and local substance abuse treatment programs, cross-training, state-level interagency task forces, and a substance abuse strategic plan within the Massachusetts Department of Social Services. ♦

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