After watching a skit performed at an educational support program for children, a 3-year old child raised her hand and blurted out, “My uncle drinks too much, too.” Her remarks surprised everyone. She had simply watched a skit about the progression of addiction performed for young children by teen volunteers. This 3-year-old connected with the skit because it was like her home environment, and, despite what many people believe, even pre-verbal children are aware of and respond to what is happening in the home. It is the responsibility of adults to help them understand and make sense of these things so that they can develop safe and healthy lifestyles.

Why Provide Substance Abuse Education for Young Children of Substance Users?

The prevalence of substance abuse in the United States virtually guarantees that all children will have playmates, friends, and eventually adult friends and colleagues who have personal experience with alcohol and/or other drug problems. Thus, it is important to educate all young children about the realities of substance abuse, and teach them how to handle their problems and feelings safely.

Children from families affected by chemical dependency have greater genetic vulnerability and exposure to factors that place them at-risk for substance abuse. These include family history of chemical dependency; physical, sexual, and emotional abuse; role modeling of alcohol and drug abuse; permissive attitudes toward alcohol and drug use; and...
psychological, cognitive, and social problems (NIDA, 2003). Therefore, substance abuse education that increases protective factors in early childhood is particularly critical for the one-in-four children who are living in families affected by substance abuse or whose birth parents suffer from addiction.

An increasing body of scientific evidence indicates that, in some instances, risk for later problems including alcoholic outcomes, is detectable even before school entry (Caspi et al., 1996). Zucker and colleagues (1995) have shown that, as early as the preschool years, children of alcoholics and addiction (COAs) are more familiar with a wider range of alcoholic beverages and are better at identifying specific beverages. Specifically, children’s alcohol expectancies reflect recognition of alcohol related norms, and they are cognizant of parental drinking patterns by an early age.

RISK VERSUS PROTECTIVE FACTORS

Research strongly suggests that, while genetics are the primary underlying factor of addiction, environmental factors also play a part (NIDA, 2003). Although a child’s genetic vulnerability cannot be changed, improving environmental factors can influence a child’s choices throughout life (NIAAA, 2003).

Dr. Karol Kumpfer, a former director of the Center for Substance Abuse Prevention (CSAP), emphasizes “The probability of a youth acquiring developmental problems increases rapidly as risk factors increase in comparison to protective factors. This means that family protective mechanisms and individual (child) resiliency processes should be addressed, in addition to reducing family risk factors” (Kumpfer, 1999). Werner and Johnson (2000) emphasize that some individuals are more resilient than others: they are able to successfully adapt to life events despite adversity, and they seem to bounce back from stress. However, many prevention professionals and educators believe that each child has an innate potential for resilience that can be strengthened through adult emotional support, validation, skill-building, and guidance. Although it is difficult to effectively eliminate many risk factors, building protective factors can help to mediate them and may significantly impact a child’s life.

Intervention beginning at an early age can prevent problems that interfere with a child’s optimal development by helping to develop or strengthen protective factors. These factors include a positive sense of self; good problem solving skills; positive peer group activities and norms; a high level of warmth and absence of severe criticism in families; clear family and school rules; high (and reasonable) parental and school expectations; opportunities for support; and participation in family, school, and community (Kumpfer, 1997).

Points of Intervention

Charles G. Curie, Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), urges every adult to learn about the needs of COAs and the simple actions they can take to help these children develop into healthy adults. “We know that COAs are at greater risk for substance abuse problems in their lives. But we also know what to do to help them avoid repeating their families’ problems. We can break the generational cycle of addiction” (SAMHSA, 2003). Every adult that comes into contact with a young child plays a role in preventing substance abuse, however, research emphasizes that parental influence is a major factor affecting a child’s decision to use tobacco, alcohol, and other drugs (Office of National Drug Control Policy, 2005).

CAREGIVERS

Healthy living begins with parents who teach and model what is healthy. From birth, simple messages like, “It is important to take care of your body by eating healthy food, getting sleep, and recognizing poison symbols” form the basis for helping children begin to develop healthy lifestyles. Caregivers can use storybooks to educate children about healthy ways to handle feelings and problems. For example, asking, “How do you think this character feels?” or “What do you think the character can do to handle a problem?” are simple approaches to basic drug
and shame they often carry. Parents cannot give support to their children if they themselves do not receive positive support, education, and encouragement. It is important to foster the positive strengths that parents, caregivers, and children have. “Many of the children and parents (who are often adult children of alcoholics) have developed ingenious strategies for emotional and physical survival in the face of overwhelming circumstances” (NACOA, 2002).

Many parents can acquire basic parenting skills through programs such as Systematic Training for Effective Parents, Parent Effectiveness Training, Love and Logic, or perhaps through Headstart. These programs provide vital skills such as active listening, “I messages”, problem solving, and setting and enforcing consequences. These programs, or even a single parenting event, also provide opportunities to expose parents to specialized substance abuse community resources. For instance, substance abuse professionals can be invited guests at these programs/meetings, thereby eliminating the stigma and initial risk of “breaking family secrets” by attending an addiction program.

SUPPORT AND EDUCATION PROGRAMS FOR CAREGIVERS

The aforementioned suggestions make good sense for parents who have healthy lifestyles, make reasonably good decisions, and have adequate communication and parenting skills. However, many substance-abusing parents do not meet these standards, particularly when they are still using. Therefore, in order to educate young COAs, it is necessary to provide education and support to their parents or caregivers as well.

Reaching biological parents requires nonjudgmental education and support because of the guilty feelings...
developed an educational support program for children, especially those from families facing alcoholism or addiction. With age-appropriate kinesthetic activities, crafts, games, and other learning experiences, children gain an understanding of how alcohol, other drugs, and addiction affect individuals and families. The goal is to offer children and families opportunities to share their questions and concerns, receive validation, and learn and practice the following skills that are essential for children to maintain healthy lifestyles:

- how to recognize and handle feelings safely;
- how to cope with problems;
- how to handle peer pressure; and
- how to get help.

Puppets are wonderful aids for practicing these skills. Caregivers can teach or reinforce these skills by creating simple “What would you do?” or “How would you feel?” stories using puppets. Furthermore, older children can perform plays or simple skits showing someone pressuring a young child to do something. The young child (ren) can practice ways to say no, such as “SAY NO!” loudly or run away and tell an adult. Visuals, such as posters or hand-made feeling charts on walls, are excellent reminders about feelings. A telephone can be used to practice asking for help. Using “let’s pretend” can be a way of initiating these activities. Also, reading stories or watching videos can provide opportunities to ask children to think about how a character may feel or how they could solve a problem.

Recently SAMHSA released *The Children’s Program Kit: Supportive Education for Children of Addicted Parents*, which provides the tools to intervene and support children (5-18 years old) whose parents are in treatment. The Kit, adaptable to numerous community settings, includes guidelines for establishing educational support programs, curriculum activities, videos, posters, and other tools. Activities focus on feelings, addiction, recovery, problem-solving and coping. The Kit is free from the National Clearinghouse for Alcohol and Drug Information (see *Good Bets on p. 21*). For more information or technical assistance to implement the curriculum, contact NACoA at 1-888-554-2627 or visit www.nacoa.org.

**OTHER PROFESSIONALS AND COMMUNITY MEMBERS**

Relationships with healthy adults offer bonding and attachment which motivates children to feel better about themselves, build trust with others, and, in the long run, exercise appropriate control over their environment (NACOA, 2002). Most children have someone in their life that serves as a “healthy drug-free and safe adult”. These individuals are often grandparents, aunts, uncles, or non-kin foster parents. If the biological parent is preoccupied with chemical dependency, then these individuals may be instrumental in seeing that the child gets education and support.

Additionally, medical, legal, school, child care, and faith professionals, as well as friends and other family members, can frequently and gently remind the biological parent of the need and benefit of educating children. Sometimes, it is a gentle comment at an opportune time like, “I heard that there is help in our community for children who are stressed.” During or shortly after a family crisis, such comments can be very helpful.

However, adults often hesitate to address substance abuse due to their own discomfort or lack of knowledge. The following suggestions increase the ability and confidence of a reluctant family or community member or professional to address these issues with affected children.

- Get facts about substance abuse, which are generally available from community substance abuse prevention agencies, schools, community coalitions, and web sites.
- Obtain children’s books that provide language and ideas for communicating about tobacco, alcohol and other drugs and addiction.
- Assess your own preconceived notions about substance abuse, and avoid criticizing or judging families with substance abuse.
- Build trust with children by responding to their questions and concerns, and follow-through on your commitments.
- Validate children’s feelings and experiences regardless of what other interventions you make.
Conclusion

When adults intervene early in a child’s life to provide the education, support, and encouragement necessary for children to develop into happy, healthy, and caring adults, new paths and potential outcomes become available to children. We need to begin today to offer all children—especially those one in four children who live in a home with chemical dependency—the opportunity to seek different paths.

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My appreciation to Su Wenger, Executive Director of NACoA, and Jerry Moe, NACoA Board member, who have consistently enlightened me with passion, knowledge, and skills in order that I may challenge others to recognize and address the needs of children, particularly those personally affected by substance abuse.

REFERENCES


Additional Resources

Children of Alcoholics
Foundation, 164 W. 74th Street, New York, 10023
1-212-595-5810, ext. 7760.
www.coaf.org

National Association for Children of Alcoholics
1426 Rockville Pike, Suite 100, Rockville, Maryland 20852.
1-888-554-2627.
Nacoa@nacoa.org or www.nacoa.org

Center for Substance Abuse Prevention
Rockwall II Building, 5600 Fishers Lane, Room 900, Rockville, Maryland 20857. (301) 443-0305.
www.samhsa.gov/csap

U.S. Department of Health & Human Services, SAMHSA

5
Celebrating Families! (CF!) is an exciting new approach to bringing reunification to families separated due to parental substance abuse accompanied by neglect, domestic violence, or abuse. This education/support group model was developed for use in the Santa Clara County, California, Family Drug Treatment Court. Early research results have shown a significant increase in the rate of family reunification and a shortened stay in foster care for children. By stabilizing families and keeping children out of foster care, CF! hopes to help prevent future substance use by affected children.

Rationale

Children with parents who use illegal drugs, abuse alcohol and use tobacco are at greater risk of substance abuse and physical and mental illnesses (The National Center on Addiction and Substance Abuse, 2005). Youths from these families frequently have serious emotional and behavioral problems, including a tendency to choose risky behavior, such as alcohol or other drug use (The National Survey on Drug Use and Health (NSDUH) 2005).

Further, substance abuse and addiction are the primary causes of the dramatic rise in child abuse and neglect, and the immeasurable increase in the complexity of cases (National Center on Addiction and Substance Abuse, 1999). In fact, substance abuse is a contributing factor in nearly three quarters of the cases of children who enter foster care due to child abuse and neglect (U.S Department of Health and Human Services, 1999); and recent studies indicate high rates of lifetime substance use and substance use disorders for youths in the foster care system (The National Survey on Drug Use and Health, 2005).

Children of substance abusers who survive abuse or neglect are often angry, antisocial, physically aggressive and violent (National Association of Children of Alcoholics, 1998). They may perform poorly in school and engage in delinquent or criminal behavior. Consequences can include low self-esteem, depression, hopelessness, suicide, and self-mutilation. They may behave compulsively, suffer panic attacks, be highly distrustful of others, and tend towards dangerous play and sexual promiscuity. They also are at high risk of developing their own substance abuse and are likely to repeat the cycle of abuse and neglect.

The Role of Drug Treatment Courts

Over the past several years, drug treatment courts have been proliferating throughout the country in an attempt to intervene and break the family cycle of self-destruction. “Drug Treatment Courts function under the basic understanding that substance abuse is a chronic, progressive and relapsing disorder that can be successfully treated” (Hora, Schma, and Rosenthal, 1999, p. 11). “Cost avoidance” from the reduced recidivism of drug court participants and graduates has been shown across all sectors of the justice system. According to statistics published by the Office of Justice Program (1999), findings support a high retention rate between 65% and 85% and a low recidivism rate between 2% and 20%.

History of Celebrating Families!

One of the first Family Treatment Drug Courts (FTDC) was founded in 1998 in Santa Clara County, CA, under the jurisdiction of Judge Leonard Edwards, Past President of the U.S. National Council of Juvenile and Family Court Judges. Judge Edwards recognized that many of the parents in FTDC had never experienced healthy parenting themselves and that the children in the court needed services as well. At his request, Celebrating Families! was developed as part of a series of services funded by a grant from the Substance Abuse & Mental Health Services Administration (SAMHSA) to Santa Clara County’s Social Services Agency.

Program Objectives

The goal of Celebrating Families! is to foster the development of whole, fulfilled, addiction-free individuals by increasing resiliency factors and decreasing risk factors. Program
objectives are to: (1) break the cycles of chemical dependency and violence/abuse in families by increasing participant knowledge and use of healthy living skills; (2) positively influence family reunification by integrating recovery into daily family life and by teaching healthy parenting skills; and (3) decrease participants use of alcohol and other drugs and to reduce relapse by teaching all members of the family about the disease of chemical dependency and its impact on families. As a result of attending this group, participants

- develop better communication skills, coping skills to deal with stressful situations, and resources they can turn to for help;
- learn how to appropriately express their feelings;
- are able to demonstrate anger management, problem solving, and decision making skills;
- learn how to build and maintain healthy relationships; and
- increase their knowledge of the disease of chemical dependency and its impact on the family.

“This program made me realize the importance of teaching my children the risk factors of early drinking and using. I’m going to make sure that I let them know what I went through and all things that I’m doing now in recovery to stay healthy.”

— A Graduate

## Foundations of CF!

The model is based on current research about brain chemistry, life skills education, risk and resiliency factors and asset development. It incorporates materials developed for children of substance abusers (Tisch, 2004; Tisch & Sibley 2004) with the teaching and reinforcement of healthy life skills, proven to reduce children’s early use and abuse of alcohol and other drugs. Cultivating “resiliency” is the focal point of the program.

## Curriculum Overview

_Celebrating Families!_ explores four aspects of healthy living: physical, psychological, social and spiritual. The model consists of 15 weekly, 90-minute sessions, each followed by a 30-minute structured, related family activity. The curriculum uses interactive and experiential teaching methodologies as recommended by current research on how the brain learns, especially those impacted in utero by alcohol and other drugs. It is structured to allow

Continued on page 8 . . .
FOCUS OF CURRICULUM

Skills

- Anger Management
- Communication: Use of “I” messages, Active Listening
- Appropriate Expression of Feelings, Understanding Defenses, Self Talk
- Boundaries
- Refusal skills
- Choosing Safe and Trustworthy Friends
- Problem Solving: Decision Making, Dreams and Goal Setting
- Identification of a Safe Person
- Centering/Relaxation

Information

- Facts about Alcohol, Tobacco, Prescription and Illegal Drugs; Addiction; Brain Chemistry
- Facts about how Chemical Dependency affects Families, Friends and Relationships
- The Influence of Media & Advertising
- Facts about Domestic Violence
- Knowledge that We Are Part of Something Larger than Ourselves (Wonder of the World Moments)
- Resources

Insights

- Self-worth/Self Efficiency: Recognizing and Celebrating Each Person’s Uniqueness
- Helping Others: Acts of Kindness
- Affirmations: Importance of One-on-One Time with Children

Continued from page 7 . . .

participants to develop skills, while exploring their feelings and thoughts.

Evenings begin with a simple, healthy dinner which families enjoy together, followed by four interrelated groups (adolescent, pre-adolescent, children, and parents). A preschool group is under development. Each age group meets separately with a facilitator and co-facilitator, although all groups receive the same information and develop the same life skills. Groups are closed, structured education/support groups that are interactive and developmentally appropriate. The evening concludes with a short, structured family activity.

In addition, the parent curriculum emphasizes basic parenting concepts such as spending one-on-one time with each child and telling children “I love you,” which is difficult for those who have never received this message.

“This parenting class has given me so many tools to use now and in the future. The things I’ve learned here have taught me and my children how to continue to live in a safe and healthy environment and have helped me to deal with issues of chemical dependency and what it does to adults and to children.”

— A Graduate

“I now call my son twice a day. I used to think of calling him once a week. Now whenever I start to call a friend I call him instead.”

— A Graduate
Session Structure

The structure for every session is similar.

**Opening** includes a review of group agreements, an opening activity (usually a game or centering exercise to immediately involve participants), and a review session. The opening rarely changes, thereby helping participants begin to develop trust and a sense of safety (i.e., “I know what is going to happen when I arrive at group.”). For instance, the parents’ group opening always includes a Parent Affirmation (see insert).

**Insights for Living** highlights the main theme of the session. This is a short instruction time, incorporating activities that teach the session’s theme. Topics are taught in an order that slowly develops trust and teaches skills necessary to be able to discuss chemical dependency, its impact on the family, abuse and domestic violence. Truth statements, introduced in the session of chemical dependency, are repeated weekly thereafter.

**Creating Connections** includes two components. Connecting with others was incorporated in response to resiliency studies indicating that reaching out to others is an important part of living a healthy life. Children (and later families) are asked to do one kind thing for someone else each week, without accepting anything in return. Connecting with Myself & My Higher Power guides participants to develop a sense of spirituality and learn that they are part of something larger than themselves. Participants apply sayings from 12-Step and other recovery programs into their lives. Wonder of the World (WOW) moments teach participants to see the beauty in the world around them.

**Closing** occurs the same way in each session, contributing to a sense of belonging in the group.

**Connecting with My Family** is a family activity that is specifically designed to help families apply each session’s theme.

**Early Evaluation Results**

Celebrating Families! is an innovative response to a known, defined, but previously unanswered, need. Early evaluation results are strong. A study of the impact of Celebrating Families! on reunification rates and timelines of 78 families showed (Quittan, 2004):

- Drug Court with Celebrating Families! decreased the length of time children are in the Child Welfare System (CWS) to 6 -12 months, compared to 13-18 months in Drug Court without Celebrating Families! and 19-24 months in traditional CWS.

- Family reunification rates with Drug Court plus Celebrating Families! were 72%, compared to 37% in traditional CWS.

Because implementation of Celebrating Families! results in less time in CWS, there are significant cost savings.

Continued on page 10 . . .
The program is currently being replicated at community-based sites and treatment facilities for women with children.

For more information, go to www.preventionpartnership.us, or address questions to Rosemary Tisch, PPI Director, at 408-406-0467 or rstisch@aol.com.

“I can’t change the past, but I can make a better future.”

— A Graduate

**REFERENCES**


The Comprehensive Asian Preschool Services (CAPS) project of Asian American Recovery Services, Inc. (AARS) is aimed at reducing health disparities and promoting the health and well-being of Asian/Pacific Islander (A/PI) children in Santa Clara County, California. By adopting a family-focused, strength-based, and multi-disciplinary collaborative approach, CAPS strives to increase the access of culturally appropriate family support, substance abuse, mental health, and comprehensive health services to A/PI families.

**The CAPS Model**

Developed as a “Starting Early, Starting Smart” best practice model program, CAPS offers culturally embedded services through a multi-disciplinary, family-based intervention team comprised of a family advocate, mental health specialist and designated school staff. Services provided to families enrolled in the CAPS program include comprehensive needs assessment, parenting education/support groups, home visits, on-site mental health consultation, and referrals and follow-up to culturally specific community services for at-risk children.

The majority of CAPS families are recruited through outreach to parents at Head Start preschools and at Santa Clara County CalWORKS and Social Services. At the beginning of each school year, CAPS staff does a presentation about program services to parents. Throughout the school year, staff attends parent meetings as a constant reminder to parents about services being provided by CAPS.

Additionally, program flyers are posted at the school sites, and family advocates are at the school sites three to four times a week to assist parents in meeting their needs. Teachers also assist CAPS staff in recruiting parents to the program, and family services support specialists (FSSS) who are employed through Head Start work closely with family advocates to address the families’ needs.

Depending on the client’s needs, either the family advocate or mental health counselor takes the lead on providing case management. For instance, if a client needs assistance obtaining Section 8 housing information, a health insurance application, or more food for their families, he/she will be referred to the family advocate. In cases where a parent is concerned with his/her child’s behavioral problems, the family will be referred to the mental health counselor.

**Strengthening Families Program (SFP)**

Originally designed for 6-12 year old children and their families, SFP is an evidence-based life skills training program developed by Karol Kumpfer & Associates in 1982. The program is designed to increase resilience and reduce risk factors for behavioral, emotional, academic and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and the youth’s social and life skills.

The SFP curriculum includes three courses on Parenting, Children’s Skills, and Family Life Skills that are taught in 14 weekly two-hour sessions. During the first hour of each session, parents and children participate in separate classes. Parents learn substance use education, problem solving, and limit setting, and they learn how to increase desired behaviors in children by using attention and rewards, clear communication, and effective discipline. Children learn effective communication, understanding feel-

*Continued on page 12...*
ings, social skills, problem solving, resisting peer pressure, the consequences of substance use, and compliance with parental rules. During the second hour, families engage in structured family activities, conduct family meetings, reinforce positive behaviors in each other, plan family activities together, and practice therapeutic child play, communication skills, and effective discipline.

To encourage families to participate, dinner is provided, and families are given gift certificates from participating vendors such as Target, Albertson’s, and Safeway on a weekly basis. Upon graduation, families are offered another year of follow-up services including invitations to “booster groups,” which provide an opportunity for parents to learn more about topics that they are interested in. Parents are also invited back for bi-annual class reunions.

SFP has been modified for African American families, Asian/Pacific Islanders, Hispanic and American Indian families, rural families, and families with early teens with positive outcomes.

ADAPTING SFP FOR PRE-SCHOOL AGED CHILDREN

Last year, in an attempt to better address the long-term needs of families, CAPS modified the SFP curriculum to adapt to preschool aged children. Although the staff has all been trained in the SFP program, they specialize in working with young children. Most of the activities in the curriculum are hands-on projects that include art, music, storytelling, and visual arts. For example, children might be asked to draw a picture of their problem on a puzzle piece that is given to them. Then they are asked to put the puzzle together and then take it apart. The purpose of the activity is to focus on fixing the problem. Children are taught that every problem has a resolution.

Each session also includes “carpet time,” which allows the children to check in and talk about their day. For instance, during this time, the family specialist might go around and ask the children how their day was. Then she would read a book, and discuss it in relation to the topic that will be introduced that day.

OUTCOMES

CAPS recently finished its first 14-week session of SFP with preschoolers and their parents. About 20 parents and their children graduated from the program. The feedback was very positive with families commenting on how well the program went for them, and how the different activities played an important part in their communication with their children. There also were visible improvements in children’s pro-social behaviors, mental status, and grades, combined with reductions in aggression, violent behaviors, and substance use among parents.

Conclusion

Based on these positive outcomes, CAPS will continue to offer the SFP to preschool aged children and their families, although its impact on preventing these very young children from abusing substances is unclear at this time. Nonetheless, SFP combined with CAPS’ other services to address families’ immediate and concrete needs, appear to improve the overall health and well-being of these families, and to reduce the risk factors often associated with substance abuse.

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This article is based on a telephone interview with Sobeira Guillen, Program Director of Best Beginnings Plus, an AIA funded program in New York City. Unless otherwise cited, the information provided is based on Ms. Guillen’s professional opinion and clinical experience. Supplemental information was provided by Elizabeth Anisfeld, Program Evaluator for Best Beginnings Plus.

Brief program overview

Best Beginnings Plus (BB+) is a home visiting program designed to support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, and prevent child abuse and neglect for families who abuse substances. BB+ serves families in Washington Heights, a section of Northern Manhattan. These families are predominantly Hispanic/Latina/Latino, and primarily Dominican (70%). Most primary caregivers served by BB+ are single women who have less than a high school education, abuse alcohol and/or marijuana, and are between 20-30 years of age.

BB+ staff is comprised of one supervisor and four family support workers who have previous experience working with substance affected families, especially women.

Why provide substance abuse prevention services to young children?

The BB+ program is grounded in the theoretical frameworks of Mary Ainsworth’s attachment theory, and risk and resilience theories. Based on attachment theory, children who have a secure attachment with at least one adult are more likely to develop resiliency in multiple life contexts and avoid adolescent anti-social behavior (Catalano, Berglund, Ryan, Lonczak & Hawkins, 2002). This bonding may lead to better, healthier adult outcomes. Theories on risk and resilience also indicate that promoting child protective factors such as a positive child-caregiver relationship and child development (e.g., communication, gross motor, fine motor, problem-solving and personal and social domains), while decreasing child risk factors (e.g., poor self-efficacy and development) can help children develop multiple competencies later in life by strengthening their self-efficacy. Based on her clinical experience, Ms. Guillen believes that these competencies will provide a solid foundation for children to abstain from future drug use and overcome risks, including those posed by parental drug use.

Prevention-oriented services

BB+ incorporates principles of the Harm Reduction model and The Healthy Families America (HFA) model in its provision of services to parents and other caregivers, young children, and families.

INTERVENTION WITH PARENTS/CAREGIVERS

When possible, BB+, in collaboration with other service providers, aims to reduce parental risk factors during the mother’s pregnancy by providing supportive, voluntary services for expectant parents. Services include extensive outreach and recruitment of pregnant women; a specialized birth coach, who is a trained doula (i.e., a woman experi-
enced in childbirth who provides support to the mother before, during and just after childbirth; prenatal classes; workshops on newborn care; and childbirth education. These interventions may help to decrease an expectant parent’s anxiety and make the child’s birth a “beautiful, unforgettable experience” for both parent and child. Further, the combination of knowledge about the process of labor and delivery; the presence of a familiar, supportive person during labor and delivery; and postpartum home visits from this supportive person should increase the new mother’s satisfaction with the birth experience, increase her feelings of being in control of her life, decrease the stress of parenting, and consequently decrease the likelihood of depression.

After birth, BB+ works to reduce multiple risk factors in a child’s environment by addressing parental substance abuse, mental health, and health concerns through the provision and coordination of various services for the primary caregiver. Services include linkage to a mental health clinic, an onsite outpatient substance abuse treatment program and rehabilitation services, treatment referrals for male substance users, classes on HIV prevention and education, a domestic violence program for women victims with referrals for male batterers, and workshops that give women a chance to contemplate change.

The BB+ family support workers conduct weekly home visits to support parents and caregivers and help them create a more positive environment for their children. They also use motivational interviewing techniques and provide open, non-judgmental informational workshops with parents who are in recovery or who are active substance users. This helps a child’s primary caregiver take steps toward changing, reducing, or eliminating his or her substance use, which will also create a more positive environment for children. Since BB+ continues the relationship with the family through a child’s fifth year, staff can provide specific interventions to the caregiver to help support positive growth over time in a manner consistent with the caregiver’s individualized progress.

**INTERVENTION WITH CHILDREN**

Although most interactions with young children take place in the context of their caregivers, BB+ staff conducts multiple developmental assessments with the children directly to help provide targeted intervention with the child and caregiver. For example, every six months, parents/caregivers bring their children to the BB+ center where the child development specialist performs a Bayley developmental test, which assesses the child’s cognitive, gross and fine motor, and social development. These assessments guide staff in providing interventions that are aimed at helping the child achieve developmental milestones. Achievement of these milestones and skills early in life helps young children develop self-efficacy and self-esteem, which are expected to translate into competencies that help prevent substance abuse in children later on.

**INTERVENTION WITH FAMILIES**

Family support workers also use a variety of interventions to provide direct services to young children and their primary caregivers together. Many of these interventions are designed to promote child development and positive, mutually gratifying interactions between the primary caregiver and child. Ms. Guillen says, “Family support workers encourage healthy attachment by focusing a minimum of 20 minutes during each weekly home visit on promoting parent-child interaction which leads to secure attachment through gains in mutual satisfaction and competence… For those 20 minutes, we want to help that parent feel like the most important person in that child’s life.” Family support workers help to strengthen this relationship by teaching the parents specific techniques such as infant massage to calm and soothe their infants. The staff also promotes the caregiver-child relationship by offering the caregiver positive reinforcement and coaching, and by giving feedback to help caregivers read their infants’ cues or interpret their children’s behavior and respond appropriately. Family support workers also use curricula such as *Partners for a Healthy Baby, Little Bits, Meld and Activities to Help Your Child Learn and Grow* to guide activities with the caregiver and child to promote healthy interaction and attachment between the dyad. The belief is that this positive interaction will result in a mutually gratifying experience for both child and caregiver, and promote child resiliency and pro-
The protective factors. These healthy interactions enable children to learn positive coping mechanisms, such as problem solving, which build their self-esteem and self-efficacy.

Finally, BB+ collaborates with New York Presbyterian Hospital, the medical home for the program, to ensure that both child and caregiver receive coordinated medical services. They also coordinate with several other community agencies to address the multiple needs and concerns of these families in an effort to reduce the many risk factors in their lives.

Program goals and outcomes

Although long-term goals such as substance abuse prevention in young children are impossible to measure at this point, BB+ has multiple short-term goals. First, the strong emphasis on child development, attachment, and parenting are expected to translate to children achieving their developmental milestones and establishing at least one secure attachment to an adult, and to the promotion of child self-efficacy and parental competency. Additionally, the medical services coordinated through a medical home will result in healthy children. Finally, the emphasis on strengthening families and reducing child abuse and neglect risk factors will lead to a reduction in the need for out-of-home placement.

Effectiveness of the services can be considered by examining how well the BB+ children and families exposed to the intervention performed compared to children and families in the regular Best Beginning program who are not affected by substance abuse. On all measures of developmental milestones for the children, and on the quality of the attachment relationship between the mother and child, the BB+ children performed as well as the non BB+ children. Also on measures of maternal psychosocial functioning such as depressive symptoms, social support, and parenting burden, there were no differences between the BB+ and non BB+ groups. These results have to be tempered by the fact that these results were also true for the small BB+ control group who were not exposed to the intervention, but were followed at 6 month intervals. In areas of health care utilization, the BB+ families, in general, were similar to the non BB+ families in being up to date on immunizations and following through on well-baby visits. Additionally, parents report less drug use or complete abstinence as a result of the intervention. And, out of 74 families served between 2000 and 2004, only 3 children in the program group were removed from their home, however, they were subsequently returned to their mothers.

Conclusion

Best Beginnings Plus intervenes with the entire family unit and with individual family members to promote healthy attachments and lifestyles, thereby promoting the child’s competencies that hopefully result in resiliency and self-efficacy in later years. These competencies and qualities are expected to promote the prevention of future drug use among children of considerable risk.

Laura Marie Stauffer, Graduate Student Researcher, National Abandoned Infants Assistance Resource Center, University of California at Berkeley, School of Social Welfare

REFERENCE

A NATIONAL CONFERENCE

Substance Exposed Newborns: Weaving Together Effective Policy & Practice

The National Abandoned Infants Assistance Resource Center invites you to a unique forum that will bring together a diverse set of stakeholders concerned about substance exposed newborns and their families. This national conference will provide an opportunity for a broad mix of professionals to learn about, discuss, and explore federal, state, and local policies and exemplary practices that address the specialized needs of substance exposed newborns. States and localities are expressly encouraged to send multi-disciplinary teams of professionals to strategically address how effective policies and practices can be developed in their own communities.

Date: October 6-7, 2005
Location: Washington Court Hotel on Capitol Hill, Washington, DC
Co-sponsors: U.S. Department of Health & Human Services ACY, ACYF, Children’s Bureau and Substance Abuse and Mental Health Services Administration
Keynote Speakers: Barry Lester, PhD & Ira Chasnoff, MD
Registration materials available on-line at http://aia.berkeley.edu
Direct questions to Kate Spohr, Training Coordinator
Ph: 510-643-8837. E-mail: kspohr@berkeley.edu.
Preschool aged children developmentally are just beginning to formulate beliefs and attitudes about the world in which they live. They learn by doing and imitating. According to child psychologist, Jean Piaget, preschool children (ages 3-5) are in the pre-operational stage of development (Forman & Kushner, 1990). During this time, they begin to model others and understand the effect of one action on another. They are motivated by their own desire to make sense of the world, and they learn through playful interaction with their environment. Some research has indicated that children’s formative beliefs and attitudes about the effect of alcohol, tobacco and other drugs can be impacted at this early age (Miller, Smith and Goldman, 1990).

History of Preschool Drug Prevention Project

In January of 1991, the Alcohol and Drug Addiction Services Board of Cuyahoga County, Ohio, funded The Covenant Adolescent Chemical Dependency Treatment and Prevention Center, Inc., along with four other agencies to develop and implement preschool drug prevention programming. The Covenant Preschool Drug Prevention Project (P3) is a substance abuse prevention program that integrates various aspects of child development, addictions research, and early childhood education into a comprehensive drug abuse prevention effort.

This effort targets preschool-age children, their families, and their teachers. The program is designed to provide a holistic approach that addresses the following components: (1) children’s activities; (2) parent skills training; (3) early childhood teacher training; and (4) nurturing and bonding.

The goal of the Preschool Drug Prevention Project is to reach children at an early age and provide activities that build appropriate attitudes about alcohol, tobacco, and other drugs (ATOD); enhance self-esteem; and build decision making and healthy living skills. It is expected that this will prevent or delay the onset of ATOD use.

Program Description

The Preschool Drug Prevention Project (P3) has several components, each providing interventions specifically targeting children, parents, and teachers. P3 serves the Catholic Charities Services/Head Start Day Care Partnership sites in the inner city of Cleveland, Ohio.

Head Start is an ideal arena for the program, serving economically disadvantaged families in inner cities, where the incidence of substance use is comparatively higher than in suburban or rural settings. In this sense, Head Start acts as a natural agent for identifying families’ needs without labeling a given social group in the community as “at risk”. Moreover, Head Start requires parents to participate in the centers where their children attend preschool. Even with this requirement, parent participation in program activities can be challenging to achieve.

CHILDREN’S COMPONENT

The main part of the children’s segment involves the use of the ABC Preschool Drug Prevention Curriculum (Alcohol & Drug Addiction Services Board, 1993). ABC is a substance abuse prevention curriculum designed specifically for use in preschools. It was researched and developed by the preschool drug prevention project team and advisory committee of Cuyahoga County, Ohio.

Continued on page 18 . . .
The curriculum reflects the following fundamental precepts:
- Young children learn by doing.
- Teachers facilitate learning by providing children with stimulation, challenging materials and activities.
- Children learn through meaningful experiences.
- Each child is unique with an individual level of ability and development.

The curriculum also encompasses the following standards in a developmentally appropriate manner:
- Clearly stated “no substance use” philosophy.
- Importance of good health habits.
- Information about harmful substances.
- Development of assertiveness and decision making skills.
- Helping children identify safe adults.

The curriculum is based on a model that focuses on three educational domains of learning: affective (feeling), behavioral (doing), and cognitive (thinking). By integrating activities from each of the educational domains, an impact is made on preschoolers’ learning and beliefs about ATOD. By influencing children’s feelings about themselves and others (affective), by helping children develop specific skills such as decision-making and communication skills (behavioral), and by providing information about the effects of alcohol and other drug use (cognitive), there is a greater potential for positive behavior, healthy living, assertiveness and saying “No!” to ATOD.

The ABC curriculum consists of 26 weekly lessons with accompanying visual materials such as posters, feelings charts, and puppets. The curriculum provides numerous activities associated with the week’s theme to further engage children in exploring a given subject.

For example, activities are designed to address issues such as:
- I am special
- I accept you as you are
- My favorite (i.e., assertiveness skills)
- I can cooperate
- Feelings
- Healthy Habits
- Safety
- Friendship
- ATOD information
- Good/bad choices
- Community helpers
- Healthy foods
- I know where I live
- 911
- Sensory awareness
- I tell the truth
- I am generous

The P3 program has the following two primary objectives: (1) the child will learn that using alcohol, tobacco, and other drugs is unhealthy by acquiring an increased ability to differentiate suitable substances and activities (e.g., food, positive play) from unsuitable substances and activities (e.g., alcohol, tobacco, and other drug use and activities); and (2) the child will have an increased understanding of the concept of “wellness”.

For example, activities are designed to address issues such as:
- I am special
- I accept you as you are
- My favorite (i.e., assertiveness skills)
- I can cooperate
- Feelings
- Healthy Habits
- Safety
- Friendship
- ATOD information
- Good/bad choices
- Community helpers
- Healthy foods
- I know where I live
- 911
- Sensory awareness
- I tell the truth
- I am generous

PARENT COMPONENT

The parent component consists of a family management skills training program and community liaison services for families presenting medical, psychological, or social needs. Many of these services are supplied by Catholic Charities. The family management program addresses subjects such as reducing parental stress reactions, basic instruction in early childhood development, managing children’s noncompliance without violence, and education about substance abuse and community resources. The parent component is based primarily on Parenting Plus, a 13-session family management curriculum designed for Head Start eligible families.

TEACHER COMPONENT

The teachers’ component consists of regular consultation with the preschool prevention specialists, as well as ongoing training in early childhood education, alcohol, tobacco, and other drug abuse issues, and interpersonal communication.

Program Outcomes

An assessment administered to 36 children before implementation of the curriculum, half-way through, and at the end of the curriculum was used to measure the first objective. The instrument, entitled I Will Make a Healthy Choice, depicts icons of food and non-food items, as well as suitable and
unsuitable substances and activities. Children were shown two opposing pictures (one positive/healthy icon or activity and one with a negative/unhealthy item or activity). They were asked to choose the healthy item or activity and explain why it is healthy.

The initial evaluation used a preschool site that was not given the ABC curriculum as a comparison group. Findings suggested that there is a significant difference, between children exposed to the ABC curriculum and those not exposed to it, in their ability to correctly identify non-food items. Also, results indicated that children exposed to the ABC curriculum were significantly more adept at discriminating between foodstuff and items unsuitable for consumption than those children not exposed to ABC curriculum.

**UNDERSTANDING WELLNESS**

Children’s understanding of wellness was operationalized as the ability to identify five behavior categories that promote physical and emotional health: (1) eating nutritious food, (2) getting plenty of rest, (3) getting regular exercise, (4) keeping the body clean, and (5) avoiding things that can hurt your body. The instrument in the ABC curriculum used to measure this concept requires children to verbally describe the action in a picture, and then to appraise the action’s impact on the health of the protagonist. Unfortunately, the pictures elicited highly variable responses that precluded standardization or statistical analysis.

Apparently, the visual quality of the pictures, as well as their ambiguity, may have contributed to the highly unreliable results obtained. This instrument is being revised.

**Replication**

P3 is a total community effort involving the Head Start day care centers, preschool staff and faculty (including social service workers), preschool prevention specialists from The Covenant, and most importantly, the children and their families. Replication of the program is possible after extensive training in early childhood development and education, and the dynamics of substance abuse, alcoholism, chemical dependency and functional and dysfunctional family systems. It is important that the program be administered by trained prevention specialists and/or social work professionals with additional training in ATOD issues.

Henry W. Young, Jr.,
MACTM, OCPS1, Coordinator,
Prevention Services, The Covenant
Adolescent Chemical Dependency Treatment and Prevention Center, Inc.
216-574-9000

**REFERENCES**


P3 is a program of The Covenant Adolescent Chemical Dependency Treatment and Prevention Center, Inc., in Cleveland, OH. Opened in 1984, its goal is to help youth become drug and alcohol free, regardless of their ability to pay for services. The Covenant provides comprehensive day treatment for teens and their families, aftercare, continuing care, chemical dependency assessment, dual diagnosis assessment, and prevention services which include community prevention services, preschool prevention services and adolescent HIV risk reduction.

1 Cumulative scores for each group were analyzed using an independent sample t test, which produced a t value of 2.51 with 31 degrees of freedom. The results were significant at the .01 alpha level (one-tailed interpretation).
CALL FOR ARTICLES

The National AIA Resource Center is soliciting articles for the spring 2006 issue of *The Source*. This bi-annual newsletter is distributed to administrators, researchers, policy makers, and direct line staff throughout the country, and is also available on-line at http://aia.berkeley.edu/publications/source.html.

The *spring 2006* issue will focus on the *emergence of and treatment interventions for prominent “new” drugs*. While established drugs, such as cocaine, remain pervasive and problematic in many urban areas, abuse of methamphetamines and prescription drugs (e.g., OxyContin) have become increasingly prevalent and equally destructive to families throughout the country. The impact of these “new” drugs, as well as effective treatments for those who abuse them, may differ from the drugs that preceded them.

Therefore, we are interested in articles that address any or all of the following issues:

- prevalence and emerging trends of drug abuse throughout the country;
- physiological, behavioral, social impact of “new” drugs on individuals, newborns, and families; and
- effective strategies for engaging and treating individuals and families impacted by these “new” drugs.

To be considered for publication, please email a brief (150-200 words) abstract of your proposed article to Amy Price at amyprice@berkeley.edu. AIA programs are strongly encouraged to submit abstracts presenting their experiences and successes.

*Abstracts are due Friday, August 12, 2005.*

*For questions, contact Amy Price at 510-643-8383 or amyprice@berkeley.edu*
**GOOD BETS**

**CURRICULA AND PROGRAM MATERIAL**

**Children’s Program Kit: Supportive Education for Children of Addicted Parents**

This program kit provides substance abuse programs with developmentally appropriate and culturally sensitive materials for school aged children of their clients. The materials are designed to teach children skills such as problem solving, coping, social competence, autonomy and a sense of purpose and future. The toolkit also contains information that therapists can distribute to help parents better understand the needs of their children, and training materials, posters and videos for staff who plan to offer support groups for children. Native American version also available. Cost: Free.


**Voices: A Program of Self Discovery and Empowerment for Girls**

This interactive program, consisting of a Facilitator’s Guide and a Participant’s Journal, is designed to guide girls and young women, ages 12 through 17, on a journey of self-discovery and empowerment. Program themes include developing a positive sense of self; building healthy relationships; substance abuse; physical and mental health; sexuality; and planning for a positive future. While this program is designed for facilitation in a group setting, it can be adapted for one-on-one use, and it advocates for a strengths based approach that helps girls to identify and apply their power and voices as individuals and as a group. Cost: $80 (facilitator’s guide); $9.15 (participant’s journal).


**Children are People: Educational Support Groups for Children, Adolescents, and Adults from Chemical-Abusing Families (CAPSG)**

CAPSG offers three curricula that target elementary-age children and parents at high risk to develop healthy life skills through education and support. Topics include: Introduction to Group, Exploring our Feelings, Starring me, Starring you, Chemical Health, Chemical Use and My Family, Discovering our Feelings, Learning about Defenses, Problems and Solutions, What is a Family, and Celebrating Everyone. The curricula are user-friendly, providing detailed descriptions of each activity for facilitators who are new to the program. Cost: $220 (Adult Curriculum); $240 (Adolescent Curriculum).


**Creating Lasting Family Connections (CLFC)**

CLFC is a curriculum that provides a structured opportunity for family members to improve their ability to provide a nurturing environment for each other in a more effective and meaningful way. Participants are taught social skills, refusal skills, and appropriate alcohol and drug knowledge and beliefs, which provide a strong defense against personal, societal, and environmental risk factors. This program also provides parents and other caring adults with family management and enhancement training. Cost: $1475 (Curriculum); $200-$1200/day (Training).


**Focus on Families**

The Focus on Families program involves group sessions, parent training sessions, and case management, and it is most appropriate for parents enrolled in methadone treatment with children ages 3-14. Specific topics covered include: family goal setting; relapse prevention; family communication skills; family management skills; creating family expectations about drugs and alcohol; teaching children skills; and helping children succeed in school. Cost: $200 (Curriculum & Workbook).


Continued on page 22 . . .
Continued from page 21 . . .

Strengthening Families Programs (SFP)

SFP is a family skills training program designed to increase resilience and reduce risk factors for problem behaviors in 6-11 year old children at high risk for behavioral, emotional, academic, and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and the youth’s life and social skills. Cost: $25 (Bodel; $150 (6 manuals).


You’re Extra Special (Y.E.S.)

Y.E.S. is a child-centered prevention-based support education program for elementary- and middle-school-aged children, which focuses on the needs, feelings and perceptions of the child, not the person using or the nature of the alcoholism/addiction. It is designed to help professionals to facilitate age-appropriate groups for children whose lives have been affected by parental alcohol and drug abuse. Cost: $30 (Curriculum); $60 (One-day training).


BOOKS, GUIDES AND REPORTS


This guide can assist educators, community leaders and parents in planning, selection and delivery of drug abuse prevention programs. The guide provides principles from three categories that can be used to determine which is best for an individual area or program. The categories are risk and protective factors, prevention planning, and prevention program delivery. The in-brief web edition presents updated prevention principles, an overview of program planning, and critical first steps for those learning about prevention. Thus, this shortened version can serve as an introduction to research-based prevention for those new to the fields of drug abuse prevention. Selected resources and references are also provided. Cost: Free on-line. National Institute of Drug Abuse (2004). www.nida.nih.gov/prevention.

Motivating Substance Abusers to Enter Treatment: Working with Family Members

This book presents empirically based therapy programs for the family members or partners of treatment-refusing substance abusers. Written in an accessible style, it provides step-by-step instructions for implementing an array of well-tested motivational, behavioral, and cognitive interventions. Illustrative case examples, reproducible client materials, and many hands-on clinical pointers bring the approach to life for therapists and counselors from a range of backgrounds, regardless of addiction treatment experience. Cost: $34.


No Safe Haven: Children of Substance-Abusing Parents

This study examines the connection between parental substance abuse and child abuse and neglect. It explores the consequences for parents and children and ramifications for policy and practice at the federal, state and local levels. It examines promising innovations within child welfare agencies and the courts, with a focus on addressing parental substance abuse in families involved with the child welfare system. In the report, CASA recommends changes in policy and practice that would improve outcomes for children and families. Cost: $22 or Free on-line.


Parental Substance Misuse and Child Welfare

This book focuses on the rights and needs of children who have parents with a dependency problem and includes children’s own perspectives. It brings together theoretical and practice issues for all those involved with welfare responses to addiction and child protection, and it presents a practical model for risk assessment and intervention that balances the competing needs of addicts and their children. Cost: $29.95.


The Lowdown on Families Who Get High: Successful Parenting for Families Affected by Addiction

The first two sections of this book use a combination of research and personal stories to describe the issues from various perspectives, including the addicted parent, the recovering parent, the partner of the addicted parent, parents who are adult children of addicts, and caregivers of children of addicted parents. The section on parenting strategies emphasizes a 12-step approach revised for parents and caregivers. The third section of the book, written specifically for professionals, provides a legal framework for substance abuse and child welfare issues, as well as information on how to engage families in treatment. Cost: $19.95.


12 Steps to Self-Parenting

This reinterpretation of the 12 steps of AA was developed as a guide specifically for children and spouses of alcoholics. It also includes the use of affirmations and meditations. Cost: $7.95.

Beyond the Shelter Wall: Homeless Families Speak Out

The five case studies presented in this book give readers a rare look at the other side of homelessness, the side that goes beyond a single need for housing. Whether it is the story of Rose, a twenty-one-year-old mother of five, Anita, a product of over twenty foster homes and mental institutions, or Denise, a recovering addict, these mothers describe the confusion, challenges, and desperation that brought them to the shelter system. Cost: $10.95.


Children of Alcoholics Community Action Guide

This 40 page document serves as a guide for individuals and organizations wishing to unite their communities and raise awareness about the effects alcohol abuse and alcoholism can have on children and families. It contains tips for holding media events, talking points, a fact sheet, feature story ideas, a drop-in article, radio and print public service announcements, a sample pitch letter, and additional media resources. Cost: Free on-line.


Social Work Education for the Prevention and Treatment of Alcohol Use Disorders

This extensive curriculum consists of 20 module text files and 19 PowerPoint files designed to prepare professionals to practice in a variety of settings where they have the opportunity to improve outcomes for their clients who either have an identifiable alcohol use disorder or are at risk for developing one. Available online, the curriculum will be updated as new research becomes available. Cost: Free on-line.


VIDEOS

Lost Childhood: Growing Up in an Alcoholic Family

This half-hour video is told in three parts. The first part starts in a summer camp and features young children of alcoholics speaking about their experiences; the second part takes place 17 years later as a follow-up with 2 of the children who are now adults; and the third part returns to the summer camp with a new generation of children of alcoholics and a counselor who has been there throughout. Cost: $12.50 for VHS; $13 for DVD.


You’re Not Alone

This nine minute video speaks directly to children and youth, providing information about alcoholism, being safe, finding adults who can help, and about group as a place to find support. Cost: $39.


End Broken Promises, Mend Broken Hearts

This 24 minute video, featuring Jerry Moe and Claudia Black, teaches about the value of educational support groups for children living in families with alcoholism or other drug dependencies. Cost: $79.

18th Annual Maternal & Child Health Leadership Conference

The conference brings together interdisciplinary experts to share new research findings important for MCH as well as information about the effectiveness of programs to improve MCH.

**DATE:** May 16-17, 2005  
**LOCATION:** Oakbrook, IL  
**SPONSORING AGENCY:** Maternal and Child Health Program, University of Illinois, Chicago School of Public Health  
**CONTACT:** Arden Handler, DrPH, or Noel Chavez, PhD, Co-Directors. Ph: (312) 413-5625. Fax: (312) 996-3551. www.uic.edu/sph/mch/ce/mch_leadership/main.htm

12th Annual National Foster Care Conference

The conference will address a wide variety of problems facing foster care specialists, foster parents and various social service professionals who desire to enhance their skills in order to create the best foster home environment.

**DATE:** May 18-20, 2005  
**LOCATION:** Jacksonville, FL  
**SPONSORING AGENCY:** Daniel Memorial Institute  
**CONTACT:** 4203 Southpoint Blvd., Jacksonville, FL 32216. Ph: (904) 296-1627 or (800) 226-7612. Fax: (904) 296-1953. www.danielkids.org

13th Annual Meeting “Prevention Science to Public Health”

The meeting seeks to present the latest in prevention science from across international regions in the areas of epidemiology, etiology, preventive intervention trials, demonstration projects, policy research, natural experiments, program evaluations, clinical trials, prevention-related basic research, pre-intervention studies, efficacy and effectiveness trials, population trials, and studies of the diffusion/dissemination of science-based prevention.

**DATE:** May 25-27, 2005  
**LOCATION:** Washington, DC  
**SPONSORING AGENCY:** Society for Prevention Research  
**CONTACT:** www.preventionresearch.org


The conference will address global concerns regarding the HIV/AIDS epidemic.

**DATE:** May 28-31, 2005  
**LOCATION:** Chicago, IL  
**SPONSORING AGENCY:** Boston College Graduate School of Social Work  
**CONTACT:** Noreen Donovan at 617-552-4064 or donovanx@bc.edu

2005 National Institute for Early Childhood Professional Development

The themes of culture, language, and diversity—as well as other critical issues in early childhood education—will be the focus of this institute, which provides an opportunity to learn from and share experiences with colleagues—through in-depth sessions, discussion groups, and other opportunities, focused on linking research, public policy, and professional practice.

**DATE:** June 5-8, 2005  
**LOCATION:** Miami, FL  
**SPONSORING AGENCY:** National Association for the Education of Young Children  
**CONTACT:** NAEYC, 1509 16th St. N.W. Washington DC 20036. Ph: (202) 232-8777 or (800) 424-2460. www.naeyc.org/conferences/institute.asp

2005 Conference on Family Group Decision Making

Join individuals from 35 states and 10 countries in the only annual conference dedicated to FGDM. Conference highlights include 7 dynamic skills building institutes and intensive seminars.

**DATE:** June 8-11, 2005  
**LOCATION:** Long Beach, CA  
**SPONSORING AGENCY:** American Humane Association  
**CONTACT:** Ph: (303) 792-9900. Fax: (303) 792-5333. http://www.americanhumane.org

2005 National HIV Prevention Conference

This conference brings together all of the various players in the HIV prevention arena. It is unique in its sole concentration on the ever important science of HIV prevention.

**DATE:** June 12-15, 2005  
**LOCATION:** Atlanta, GA  
**SPONSORING AGENCY:** Centers for Disease Control and Prevention (CDC)  
**CONTACT:** Ph: (866) 277-6313. info@2005HIVPrevConf.org
First International Interdisciplinary Conference on Clinical Supervision

The conference is devoted to clinical supervision theory, practice and research supported by the National Institute of Drug Abuse and The Clinical Supervisor journal published by Haworth Press.

DATE: June 16-18, 2005
LOCATION: Amherst, NY
SPONSORING AGENCY: University of Buffalo School of Social Work
CONTACT: www.socialwork.buffalo.edu/csconference

Western Region Training Conference: Realities, Risks, Rewards

The conference will focus on building community capacity for safety, permanence, and empowering communities and families.

DATE: June 20-22, 2005
LOCATION: Pasadena, CA
SPONSORING AGENCY: Child Welfare League of America
CONTACT: www.cwla.org/conferences/2005/westernrfp.htm

12th Annual Building on Family Strengths Conference

Share research findings and program approaches that promote strengths-based, family-and youth-driven services and enhance the quality of life for families and their children who are affected by emotional, behavioral, or mental disorders.

DATE: June 23 - 25, 2005
LOCATION: Portland, OR
SPONSORING AGENCY: Research and Training Center on Family Support and Children’s Mental Health
CONTACT: Lyn Gordon, Ph: (503) 725-4114. Fax: (503) 725-4180. gordonl@pdx.edu. www.rtc.pdx.edu/pgConfCall05.shtml

68th Annual NCJFCJ Conference

This national conference provides a combination of meetings, trainings and social events.

DATE: July 17-20, 2005
LOCATION: Pittsburg, PA
SPONSORING AGENCY: National Council of Juvenile and Family Court Judges
CONTACT: www.ncjfcj.org

8th National Child Welfare Data Conference

Join colleagues from across the nation to discuss ways we can all improve, share and use data in our team efforts to assure positive outcomes and services for children and families. The theme of the conference is Achieving Positive Outcomes for Children and Families: It’s a Team Effort.

DATE: July 20 - 22, 2005
LOCATION: Washington, DC
SPONSORING AGENCY: National Resource Center for Child Welfare Data and Technology
CONTACT: www.nrccwdt.org/hrc.conf

International Research Conference on the Role of Families in Preventing & Adapting to HIV/AIDS

This conference is designed to present research findings on family processes and HIV disease.

DATE: July 20-22, 2005
LOCATION: Brooklyn, NY
SPONSORING AGENCY: National Institute on Mental Health

First National Conference on Access to Hospice and Palliative Care

This conference focuses on eliminating or reducing barriers that prevent timely access to end-of-life care.

DATE: August 1 - 3, 2005
LOCATION: St. Louis, MO
SPONSORING AGENCY: National Hospice and Palliative Care Organization
CONTACT: NHPCO, 1700 Diagonal Road, Suite 625, Alexandria, Virginia 22314. Ph: (703) 837-1500. Fax: (703) 837-1233. www.nhpc.org
Critical Connections in Co-Ocurring Treatment

This conference will provide opportunities to learn the latest methods of treatment, make new contacts, and exchange ideas with peers.

DATE: August 29-31, 2005
LOCATION: Baltimore, MD
SPONSORING AGENCY: Foundation Associates and Dual Diagnosis Recovery Network
CONTACT: Ph: 888-869-9230 ext. 207. www.co-connections.com

Generations United 13th International Conference

The GU biennial international conference is designed to encourage, enhance, and establish creative programming and public policy initiatives globally that respect, value, involve, and improve the lives of people of all ages.

DATE: September 13-17, 2005
LOCATION: Washington, DC
SPONSORING AGENCY: Generations United
CONTACT: www.gu.org/training.asp

The New England Region Training Conference & National Child Care & Development Conference

Information about the continuum of care and service delivery to children, youth, and families will be provided through four themes: advocacy/messaging; best practice and effective program models; leveraging resources; and leadership/management issues.

DATE: September 28-30, 2005
LOCATION: Providence, RI
SPONSORING AGENCY: Child Welfare League of America
CONTACT: http://cwla.org/conferences

International Conference on Sexual Assault, Domestic Violence & Stalking

This conference will provide effective, victim centered, multi-disciplinary training and expert consultation regarding crimes of sexual assault and domestic violence. It seeks to identify and disseminate effective primary prevention programs for men and risk reduction programs for women.

DATE: October 3-5, 2005
LOCATION: Baltimore, MD
SPONSORING AGENCY: End Violence Against Women International
CONTACT: www.evawinc.com

Substance Exposed Newborns: Weaving Together Effective Policy and Practice

This national conference will provide an opportunity for a broad mix of professionals to learn about, discuss, and explore federal, state, and local policies and exemplary practices that address the specialized needs of substance exposed newborns.

DATE: October 6-7, 2005
LOCATION: Washington, DC
SPONSORING AGENCY: National Abandoned Infants Assistance Resource Center
CONTACT: Kate Spohr, Ph: (510) 643-8837. Fax: (510) 643-7019. kspohr@berkeley.edu http://aia.berkeley.edu

35th Annual National Black Child Development Institute Conference

This event brings together thousands of educators and professionals from around the country in early care and education; elementary and secondary education and administration; child welfare and youth development; research; and local, state, and federal policy to gain knowledge and acquire the skills needed to ensure a quality future for all children and youth.

DATE: October 16-18, 2005
LOCATION: Orlando, FL
SPONSORING AGENCY: National Black Child Development Institute
CONTACT: NBCDI, Ph: (202) 833-2220. Fax: (202) 833-8222. moreinfo@NBCDI.org. http://nbcdi.org/04/welcome

American Public Health Association 133rd Annual Meeting

This meeting draws thousands of professionals to share successes and failures, discover exceptional best practices and learn from expert colleagues and the latest research in the field.

DATE: November 5-9, 2005
LOCATION: New Orleans, LA
SPONSORING AGENCY: American Public Health Association
CONTACT: Ph: (202) 777-2476. anna.keller@apha.org. www.apha.org/meetings/
### RESOURCES AND PUBLICATIONS AVAILABLE
FROM THE NATIONAL AIA RESOURCE CENTER

<table>
<thead>
<tr>
<th>Title of Publication</th>
<th>Unit Price</th>
<th>No. of Copies</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIA Fact Sheets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— Women with co-occurring mental illness and substance abuse (April 2005) ...FREE*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>— Kinship Care (May 2004) ...FREE*</td>
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