

¡CELEBRADO FAMILIAS! (¡CF!)

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iCelebrando Familias!
*An Innovative Approach for Spanish
Speaking Families at High Risk for Substance
Abuse Disorders*

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ABSTRACT

Celebrating Families! (CF!) is one of the few evidence-based practices listed on SAMHSA's National Registry of Evidence Based Practices focusing on families affected by substance abuse disorders. The program has been successfully administered in English with English evaluation instruments indicating significant impact in four of the five family outcomes (cohesion, communication, family strengths and resilience and organization) measured and one small positive reduction (family conflict). Likewise, four of the five parenting outcomes (parent involvement, supervision, efficacy, and positive parenting style) improved with medium effect size ($d = .50$ to $.60$), along with a small positive improvement in parenting skills (LutraGroup, 2007).

To evaluate the program in Spanish-speaking populations, the curriculum was translated into Spanish, culturally adapted and piloted at three different sites: Latino Community Development Center (LCDA) Oklahoma City, OK; EMQ-Families First (Dorsa Elementary School) San Jose, CA; and Mexican American Community Services Agency (MACSA) Collaborative in Gilroy CA. Retro-before/after evaluation instruments were completed by 41 mono-lingual (Spanish) parents and 23 bi-lingual youth participants. Responses to open-end questions by the parents about the impact of the program were highly positive.

Group leaders were all bi-lingual Spanish from the communities served. They completed evaluation instruments for three age groups of youth at the completion of the 16 weeks program. In addition to the quantitative analysis, the Dorsa school principal was interviewed to obtain an informal observation.

Findings: Results were consistent with the findings of the English version, although instruments varied from the English instruments. *iCelebrando Familias!* evaluation instruments were under development at the time of the pilot. Therefore some questions were consistent and others differed in wording between the three sites. Adults reported significant satisfaction with the program. Results were consistent with the LutraGroup (2007) findings for English speakers with parents also indicating significant impact on family organization, cohesion, communication, conflict solving, strengths and resilience; positive parenting, parent involvement, improvement in parenting skills, and alcohol and drug use reduction. Group leaders for youth observed very significant positive changes with 96-99% confidence levels. Youth were highly satisfied with the program but not as strongly positive as were adults and youth group leaders. Cognitive scores for the factual material were lower for youth than for adults.

Additionally, an unexpected finding was the program's effectiveness as a primary prevention program at Dorsa Elementary School, one of the pilot sites. At this site five families were referred from Dependency Drug Courts. The additional 16 families voluntarily participated after learning of the program from the Dorsa school principal. These families were from a high risk community but without identified substance abuse problems.

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The youth program was presented in Spanish at LCDA and in English at EMQ-Families First. However, when youth joined the adults for the Family Activity, only Spanish was used at both sites. Youth cognitive evaluations were the only evaluations that were not consistent with the English evaluation outcomes. Youth evaluations were administered in English at the participants' request. Their outcomes may have been negatively affected by limited literacy skills. Group Leaders were from communities served, with some limited literacy skills themselves and little to no formal evaluation training or experience.

Evaluation results are considered valid for the evaluations conducted in Spanish (parents and group leaders) and reliable where the program and evaluations were carried out in more than one site with comparable results. This analysis should be considered as prospective due to the small number of participants. It is recommended that future evaluation studies use consistent answering scales and that wording of questions recognize participants' possible limited literacy skills.

KeyWords: ¡Celebrando Familias!, Celebrating Families!, Spanish, Hispanic, family, Drug Courts, Child Welfare, Child Abuse, Parenting, substance abuse, drug abuse, alcoholism, domestic violence, risk factors, protective factors, developmental assets, schools

2. PROGRAM DESCRIPTION

iCelebrando Familias! (iCF!) and *Celebrating Families! (CF!)* focus on teaching healthy living skills while increasing protective factors and decreasing risk factors, in order to promote the development of healthy, addiction-free individuals and families. *CF!* is currently being implemented in 53 sites in 20 states and Canada. It is the only program listed on Substance Abuse and Mental Health Services Agency's (SAMHSA) National Registry of Evidence Based Programs & Practices (NREPP) that engages all family members ages three to adult, in learning healthy living skills while addressing child maltreatment, family violence, and addiction/recovery issues.

iCelebrando Familias! (iCF!), based on *Celebrating Families!*, was created for mono-lingual, Spanish speaking families affected by substance abuse and at high risk for abuse, neglect and family violence with extremely low income and educational levels. Children in these families may be mono-lingual Spanish or bilingual (English/Spanish).

2.1 NEED FOR PROGRAM IN SPANISH

Hispanics as a group have a significantly higher percentage of physical problems related to alcohol: mortality from cirrhosis and alcohol-related social consequences, such as accidents; arguments/fights; or health, legal, and workplace problems (Galvan & Caetano, 2003). And, Hispanic adolescents are more at risk for addiction as adults as the age of initiation of alcohol/drug use is highly associated with the development of dependency in adulthood:

- In 8th grade, Hispanic students have higher drinking rates than Whites; the highest rate of occasions of heavy drinking (having five or more drinks in a row during the prior two weeks); and the highest rates of use of marijuana, crack, cocaine powder, heroin, tranquilizers (Johnston, O'Malley, Bachman, & Schulenberg, 2004).
- 12th grade Hispanics have the highest lifetime, annual and 30-day prevalence-of-use rates for a number of inhalants, cocaine, heroin, crack and crystal methamphetamine (ice) and the highest lifetime and annual rate for heroin with a needle (Johnston, et al, 2004).
- Hispanic youth see 32% more alcohol advertising for flavored malt beverages, alcopops and other "low-alcohol refreshers" in magazines than do youth of other cultures (Center on Alcohol Marketing & Youth, 2003).
- Hispanic families are the fastest growing ethnic group in the United States, accounting for 58% of births in the US (FASTSTATS 2010 & US Census Bureau 2009) and 52.4% in California (Kids Data, 2010). A critical need exists for prevention programs for these Spanish speaking families:
- The rate of placement for Hispanic children in foster care due to abuse or neglect is 4/1000 - significantly higher than for Whites or Asian/Pacific Islanders (Kids in Common, 2009).
- Hispanic parents are disproportionately represented in the Dependency Court system, with the rate of placement for Hispanic children in foster care significantly higher than for Whites or Asian/Pacific Islanders (Kids in

Common, 2009). According to CASA (1999), at least 75% of child abuse and neglect cases are alcohol or drug related.

Regardless of ethnicity, there are an estimated 8.3 million children (11.9%) in the United States, who live with at least one parent (biological, step, adoptive, or foster) who abused or was dependent on alcohol or an illicit drug in the past year (Substance Abuse & Mental Health Services Administration (SAMHSA), 2009). This is approximately one in four children in the U.S. exposed to alcoholism or drug addiction in the family (Dayton, 2010). These children are almost three times more likely to be physically or sexually assaulted and more than four times more likely to be neglected than children of parents who are not substance abusers (National Center on Addiction and Substance Abuse, 1999).

Childhood maltreatment and later-life health and well-being have been linked in research by the Centers for Disease Control and Kaiser Permanente's Health Appraisal Clinic (Anda, 2010). Using the term Adverse Childhood Experiences (ACEs) to refer to common stressful and traumatic exposures, this study identified key traumatic events which affect children's neurodevelopment and social, emotional, and cognitive impairments. ACE's lead to increased risk of unhealthy behaviors of violence or re-victimization, disease, disability and premature mortality and include abuse (emotional, physical, sexual); neglect (emotional, physical); witnessing domestic violence; growing up with parental substance abuse; mental illness; and discord or crime in the home. Many addicts/alcoholics suffered from all key ACEs (Anda, 2010).

Children from families affected by alcoholism and drug addiction (substance abuse disorders) have greater genetic vulnerability and exposure to factors that place them at-risk for substance abuse. Research shows that almost one-third of any sample of alcoholics report having at least one parent who was alcoholic (Eigen & Rowden, 2000).

Children of alcoholics/addicts are also likely to repeat the cycle of abuse and neglect, as those surviving child maltreatment often lack empathy. Many have elevated rates of ADHD (Attention Deficit Hyperactivity Disorders), ODD (Oppositional Defiant Disorder), low self esteem, lack of control, and a temperament style that predisposes them to further maladjustment (National Association of Children of Alcoholics, 1999). Many of these children perform poorly in school and engage in delinquent or criminal behavior. Consequences can include 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. In addition, Australian researchers found that two thirds of juveniles arrested reported a member of their family was abusing substances (Prichard, J.& Payne, 2005).

2.2 HISTORY

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 (now retired). All families in FTDC have substance abuse disorders and suffer from child abuse/neglect and family violence requiring removal of children from their parents. 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. At his request, *Celebrating Families!* (named by participants) was developed.

Following the court implementation, Program Developers, (Prevention Partnership International - a division of Family Resources International) piloted the program at three community-based sites in Santa Clara County, CA:

- Friends Outside of Santa Clara County, which assists families, youth, prisoners, and ex-prisoners to overcome the immediate and long-term effects of incarceration.
- EMQ-Families First, a large children's mental health organization/
- ARH's Parisi House on the Hill, a residential treatment facility for women with children under five.

Utilizing a Lucile Packard Foundation for Children's Health 3-year grant, a preschool component was developed and a rigorous evaluation study was conducted by LutraGroup (2007). The study found very large positive effect sizes in parenting skills, family dynamics, and children's mental health.

In 2008, the model was transferred to the National Association for Children of Alcoholics (NACoA) for national distribution and added to SAMHSA's National Registry of Evidence Based Programs & Practices (NREPP) based on the LutraGroup (2007) findings.

During the initial development of *Celebrating Families! (CF!)*, PPI's Development Team received numerous requests to adapt and translate the model for mono-lingual Spanish speaking families. When *CF!* was found effective with English speaking Hispanic families (Coleman 2006), FIRST5 Santa Clara County, CA, funded training in the English version for MACSA (Mexican American Community Services Agency), Community Solutions, and Sacred Heart Community Services. These agencies were engaged and supportive of the model, but unwilling to provide the program for their clients until it was professionally adapted and translated.

With the transfer of the model to NACoA in May 2008 PPI's Development Team was able to focus on adaptation and translation of the curriculum. In the Winter of 2008, FIRST5 of Santa Clara County partnered with PPI to fund the translation of *Celebrating Families! (CF!)* and PPI created a collaborative team of professional Spanish speaking consultants from: EMQ-Families First: Addiction Prevention

Services; FIRST5 of Santa Clara County; San Jose State University; SOMAS-Mayfair; Dept. of Social Services; Dependency, Family Treatment and Criminal Drug Courts; Friends Outside of Santa Clara County; San Jose State University, and ARH-Parisi House on the Hill.

Under the direction of Mary Gardner, PPI Operations Director, the translator and collaborative team met monthly to agree on vocabulary and conceptual language and to discuss cultural adaptation, including the title, *iCelebrando Familias! (iCF!)*. By January 2009, a draft of the curriculum was ready to train facilitators with PPI Development Team and members of the *iCF!* collaborative providing technical support. Pilots sites were:

- MACSA-Gilroy Collaborative: MACSA, SOMAS-Mayfair Initiative, and Community Solutions
- EMQ-FF Addiction Prevention Services at Dorsa School, San Jose (CA)
- Latino Development Agency in Oklahoma City, OK.

The adolescent and pre-adolescent group models were translated and piloted by El Bohio, a non-governmental organization (NGO), in LaPlata, Argentina. Following the pilot with evaluation, the model was culturally strengthened and re-examined by the PPI Development Team, EMQ-FF (Spanish speaking team) and lead Spanish group leaders, based on evaluation outcomes and feedback from participants, facilitators, and school/community leaders. The revised *iCelebrando Familias!* model was offered again by MACSA-Gilroy and EMQ-FF at Dorsa School in 2010, without formal evaluation.

iCelebrando Familias! will be available for national and international distribution from National Association for Children of Alcoholics (NACoA) in the winter of 2011.

2.3 RESEARCH BASE

iCelebrando Familias!'s English version, *Celebrating Families!(CF!)* is a proven, evidence-based prevention program based on research addressing the following recommendations from National Institute of Drug Abuse (NIDA, 2003), National Institute on Alcoholism and Alcohol Abuse (NIAAA, 2006), CASA (2005), & The Search Institute (2002,2006):

1. Enhancing protective factors and reducing risk factors.
2. Teaching skills to resist drugs, strengthening commitments against drug use, and increasing an individual's social competencies (communication, peer relationships, self-efficacy, and assertiveness).
3. Utilizing interactive teaching methods.
4. Serving the whole family, including parents and caregivers so that the system around a child can be reinforcing with consistent family policies.
5. Providing age-specific, developmentally appropriate, and culturally sensitive materials.
6. Increasing Developmental Assets.

2.3.1 Risk Factors: Children’s genetic risk of addiction (which quadruples a child’s risk of becoming addicted) cannot be decreased (Hawkins, Lishner, Catalano, and Howard, 1986). However, families can work to increase their awareness of risks and to provide (or learn to provide) healthy living skills addressing children’s physical and emotional needs. The curriculum specifically addresses the following risk factors:

- availability of alcohol, tobacco, prescription and illegal drugs in homes
- parental drug use (role modeling)
- parental positive (permissive) attitude towards use
- child’s early mental health needs
- peers who use drugs
- child’s favorable attitudes toward drug use
- social isolation of families
- family management problems (lack of supervision, severe or inconsistent discipline)
- lack of family rituals and dinners
- poor family management and communication

"We know that COA’s are at greater risk 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." Charles G. Curie (2003), former Administrator of SAMHSA.

2.3.2 Protective Factors: The corollary of addressing Risk Factors is increasing Protective Factors. *CF!* specifically addresses the following Protective Factors:

- Relationship with a safe adult, outside family
- Participants’ positive self esteem
- Strong bonds between parents and children
- Attachment between children and parents
- Parents and caregiver’s ability to set clear, nurturing limits/rules with consistently enforced consequences
- Clear, honest respectful communication
- Connection, hope and purpose, and seeing beauty in the world.

2.3.3 Developmental Assets: After extensive research, SEARCH Institute identified 40 Developmental Assets critical for young people. (SEARCH Institute, 2002, 2006) The *CF!* Development Team chose to address the following assets:

Under External Assets:

- Support: Family Support, Positive Family Communication, Other Adult Relationships, Caring Communities, Parental Involvement.
- Empowerment: Valuing Youth, Service to Others, Safety.
- Boundaries & Expectations: Family, School, and Neighborhood Boundaries, Adult Role Models, Positive Peer Influence, and High Expectations.
- Constructive Use of Time: Youth Programs, Religious Community, and Time at Home.

Under Internal Assets:

- Reading for Pleasure.
- Positive Values: Caring, Integrity , Honesty, Responsibility and Restraint,

- Social Competencies: Planning & Decision Making, Inter-personal Competence, Resistance Skills, Peaceful Conflict Resolution.
- Positive Identity: Personal power, Self-Esteem, Sense of Purpose, and Positive View of Personal Future.

2.4 PROGRAM OBJECTIVES

The primary purpose of *iCelebrando Familias!* as in *Celebrating Families!* is to break the cycles of chemical dependency, related child/family maltreatment, and domestic violence. The program's goal 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
 - a. Providing a safe, nurturing place for children and parents
 - b. Facilitating trust
 - c. Assisting participants in developing self-awareness and self-worth
 - d. Educating participants about chemical dependency, abuse, and domestic/family violence.
2. Increase participants' knowledge and use of healthy living skills including: better communication; appropriate expression of feelings (including conflict resolution and anger management); problem solving and decision making; stress reduction and coping; the ability to ask for help and to increase identified, safe resources.
3. Increase positive parent/child interactions, children's well-being and functioning and social responsibility of participants (employment, service to others).
4. Decrease parental substance abuse, relapse and shorten time to successful family, when appropriate.
5. Increase rates of family reunification.

2.5 CURRICULUM OVERVIEW

Each session is composed of three components:

- A meal, eaten in family groups
- Age appropriate, skill-building, cognitive-behavioral groups, with separate groups for 3 year olds, pre-school children (ages 4-6), school age children (7-10), preadolescent (11-13), teens, and adults (parents and caregivers). Groups run in parallel.
- A related Family Activity.

Recognizing and respecting current and historical trauma issues of parents and children, the curriculum employs a strength-based approach. The curriculum teaches all family members about the impact on individuals and families of chemical dependency, child and family maltreatment and domestic violence. The model

1. Increases families' ability to change, grow and reinforce each other's growth
2. Increases parenting skills, motivating parents by focusing on breaking the cycles of addiction and abuse

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3. Maximizes parents' motivation for abstinence while reducing the negative impact of the parents' negative behaviors and substance use on children, by working with the whole family.

Session topics are:

- | | |
|---|---|
| 1. Getting Started | 9. Chemical Dependency Affects the Whole Family |
| 2. Healthy Living | 10. Goal Setting |
| 3. Nutrition | 11. Making Healthy Choices |
| 4. Communication | 12. Healthy Boundaries |
| 5. Feelings & Defenses | 13. Healthy Friendships & Relationships |
| 6. Anger Management | 14. How We Learn |
| 7. Facts about Alcohol, Tobacco & Other Drugs | 15. Our Uniqueness |
| 8. Chemical Dependency is a Disease | 16. Celebration! |

Session topics are organized to

1. Establish trust (Sessions 1-6) breaking the unwritten family rules of Don't Talk, Don't Feel, and Don't Trust;
2. Address substance abuse disorders (Sessions 7-9) and their impact on individuals and families;
3. Focus on applying skills (Sessions 10-13) and addressing Risk and Protective Factors in families with child maltreatment and substance abuse disorders;
4. Prepare for the conclusion of group and supporting children (Sessions 14-16).

All adult groups incorporate parenting in recovery and breaking the cycles of addiction and abuse in families.

2.6 CURRICULUM FOCUS

Addiction and abuse often impact at least five generations, therefore the curriculum acknowledges that families attending groups have suffered from trauma. Learning healthy living skills may be difficult – just being together as a family may be difficult. Parents, as well as children, are likely to have suffered from childhood trauma and lack of attachment. *CF!* curriculum has three fundamental areas of emphasis: safety, wellness and strength, and attachment.

CF! also seeks to develop empathy and expand participants' world view by learning to give to others and to see beauty in the world. Activities include

- Service to Others - Acts of Kindness: Children (and later families) complete weekly Acts of Kindness doing one kind thing for someone else, such as helping a neighbor carry groceries, washing dishes, reading a story to a younger child, bringing flowers to a teacher. "Acts" typically grow in significance over the sessions, such as comforting a grieving stranger or purchasing groceries for a needy neighbor. Acts of Kindness are reported back every session and listed on a poster so that by the end of the series, groups can see the significant impact they have had on their communities. Sites consider this activity so vital to *CF!*, they requested the activity be moved to the beginning of each session, so that it is never left out due to lack of time.

- Wonder of the World (WOW) Moments are introduced midway through curriculum, asking participants to appreciate the beauty in the world around them. Participants report to their groups various experiences that “touch” them – cookies baking, wildflowers, a caterpillar moving up their arm.

Attachment, which may be the key to breaking the multi-generational cycle of addiction and abuse is addressed by increasing

- Family support by emphasizing the importance of 1-on-1 time with each child, children’s affirmations, and weekly affirmation homework assignments for adults, including telling each child “I love you”.
- Positive family communication by repeatedly discussing characteristics of safe people; helping all participants identify several safe people in their lives; teaching and practicing steps of healthy decision making; providing parents with the skills to communicate and relate to their children, including use of “I messages”; teaching all participants the skill of centering (using deep breaths to reduce stress or before attempting difficult conversations or situations); and encouraging families to develop a Family Night, based on the structure they have learned and experienced as part of *Celebrating Families!*
- Secure attachment with safe individuals by increasing parents’ chances of sobriety and children’s chances of living a safe, healthy, addiction free life.

2.7 SESSION STRUCTURE

People coming from traumatized families need agreed upon, predictable, and clear expectations in order to relax, concentrate and learn new skills. The weekly format of *CF!* groups remain consistent through all sixteen sessions:

2.7.1 Family Meal (30 Minutes) served for the whole family, modeling how to have a family meal. (Many of the families served rarely eat together). Group facilitators serve, then sit with families as they eat helping with conversations as needed.

2.7.2 Age-Appropriate Groups (90 Minutes)

- Opening (20 Minutes) creates a sense of safety and an atmosphere in which participants become comfortable, build or re-establish trust and begin to initiate group interaction. Openings consist of
 - Centering for all age groups with calming music. All parent groups end Centering with a reading of the Parenting Affirmation:

I AM A LOVING PARENT

Today I affirm my abilities to parent in a healthy way. I recognize that as a parent I am an important role model for my children. My words and actions will tell them that I love them, value them and that they are safe in my care. I will listen carefully, I will discover their needs and I will create opportunities that allow them to succeed. I will accept my mistakes as opportunities to learn and grow. On this journey as a parent it’s important to recognize that in order to care for others I must also care for myself. I will celebrate each success as another step forward and I will have faith that the trust in me will come. (adapted by M. Ramirez from Lerner, 1985).

- Group Agreements (Limits and Consequences): When dealing with traumatized families, it is important to immediately establish what will be expected. Setting limits and enforcing consequences, with care and firmness, facilitates an environment of trust and safety. Agreements are posted and reviewed at the beginning of each session, reminding all participants about appropriate behavior.
- Opening Activity, usually a game or centering exercise, related to the session theme and meant to give participants an enjoyable experience preparing them for the teaching.
- A quick Review of the previous session begins the teaching time. The Review includes check-in, announcements and Affirmations of Children (for parents) and Acts of Kindness (for all children).
- Insights for Living (60 Minutes) highlight the main theme of the session. There is a short instruction time, incorporating activities that introduce the session's theme. The *CF!* curriculum consistently refers to the Healthy Living Circle - relating all topics to one of four quadrants: physical, psychological, social and spiritual.

Session topics are taught in an order that allows trust to develop while teaching 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 and also applied to Domestic/Family Violence.

TRUTH STATEMENTS

I did not CAUSE it

I cannot CURE it

I cannot CONTROL it

I can help take CARE of myself!

- Closing (10 Minutes) as in the Opening, each session closes in the same way, bringing a sense of ritual to the group, important to creating a sense of belonging. Closure ends a particular session, serves as a transition the next component, and honors what has happened. This component begins with "WOW" moments (Wonder of the World), a Reflection on various quotes related to the session topic taken from 12 Step programs and great leaders (such as Martin Luther King and Gandhi), and end with the Serenity Prayer to help participants learn alternative concepts of spirituality and that they are part of something larger than themselves.

2.7.3 Connecting with My Family (30 Minutes) begins with reading of a children's story (on a topic related to the session), followed by brief reports from each children's group regarding what they learned (modeling for parents how to read and affirm their children). The teaching component is a brief Family Activity or Game designed to help families apply the session's theme. At the end everyone creates a large circle and recites the Unity Prayer "Together we can do what we could never do alone".

Utilizing strength-based, multi-modal strategies *Celebrating Families!* and *iCelebrando Familias!* models teach the following:

Table I
(Tisch, Sibley 2010)

Skills	Information
<ul style="list-style-type: none"> • Affirming, Encouraging Children: Importance of 1-on-1 Time with Children, “I love you”, Reading • Anger Management, Keeping out of Fights, Avoiding Conflicts • Appropriate expression of Feelings, Understanding Defenses • Becoming a Nurturing Parent • Becoming a Safe Family: Family Meals, Family Night • Centering/ Meditation/relaxation • Choosing Safe and Trustworthy Friends • Communication: Use of “I” messages, Ways to Communicate, Active Listening • Identification of Safe People • Planning Nutritious Meals • Problem Solving: Steps in Making a Wise Decision, Dreams and Goal Setting • Recognizing and Establishing Boundaries • Saying “No” to Others 	<ul style="list-style-type: none"> • Attachment-Based Limit Setting • Bullying, Power & Control • Choosing Good Friends & How to be a Good Friend • Components of Healthy Living • Facts about Alcohol, Tobacco, Prescription and Illegal Drug Use; Addiction; Brain Chemistry; Dangers of Children’s and Adolescents’ Use • Facts about domestic/family violence • Facts about how chemical dependency affects families, friends and relationships • Learning differences and FASD • Nutrition and Impact of Sugar on Brain Chemistry • Recognition of Influence of Media • Relapse and Staying Safe • Resources • Risk and Protective Factors • Protecting our Children: Safety Planning, Good Nutrition, Sleep, • Truth Statements
Insights	
<ul style="list-style-type: none"> • Helping Others: Acts of kindness • Wonder of the World: Knowledge that We Are Part of Something Larger than Ourselves: • Personal & Family Values • Self-Worth/Self Efficacy: Recognizing and Celebrating Each Person’s Uniqueness 	

3.0 EVALUATION OUTCOMES

Celebrating Families! (CF!) is one of the few evidence-based practices listed on SAMHSA’s National Registry of Evidence Based Practices focusing on families with substance abuse disorders. The program has been successfully administered in English with English evaluation instruments demonstrating significant impact on family organization, cohesion, communication, conflict, strengths/resilience; positive parenting; parent involvement, skills, efficacy, supervision, and decreased alcohol and drug use. (LutraGroup, 2007)

3.0 POPULATIONS STUDIED

To evaluate the program in Spanish-speaking populations, the curriculum was translated, culturally adapted and piloted at three different sites:

1. Latino Community Development Center (LCDA) Oklahoma City, OK.
 - 10 Parents completed the Parent Satisfaction Scale
 - 5 Youth aged 8-12 completed the Youth Satisfaction Scale
 - 3 Youth aged 16-17 completed the Youth Satisfaction Scale
2. EMQ-Families First (Dorsa Elementary School) in San Jose, CA
 - 31 Parents completed the Parent Satisfaction Scale, the Parent Skills Self Assessment Scale, and the cognitive true/false test to assess retention of concepts taught in the program.
 - 11 Youth aged 8-12 completed the Satisfaction Scale
 - 4 Youth aged 13-17 completed the Questions About You and 4 completed the cognitive true/false test to assess retention of concepts taught
 - 8 Youth aged 8-12 completed the Questions About You and 7 completed the cognitive true/false test to assess retention of concepts taught
 - Group Leaders completed (before-after) Skills Observation Records on 11 Youth aged 8-12
 - Group Leaders completed (before-after) Skills Observation Records on 4 Youth aged 13-17
3. MACSA Collaborative in Gilroy CA. Group Leaders completed (before-after) Skills Observation Reports on 11 children aged 3-7 years old.

In summary, retro-before/after evaluation instruments were completed at the conclusion of the 16 week program for a total of 41 adults and 23 youth ranging in age from 8 to 17. Youth Group Leaders at all three sites evaluated youth skills before and after the program for 26 youth ages 3-17. True-false (cognitive) questionnaires were completed by eleven youth and 31 adults to assess retention of the concepts taught in the program.

3.1 PILOT SITES

3.1.1 Latino Community Development Agency (LCDA) in Oklahoma City, OK, was established in March 1991, as part of a United Way program to incubate an independent Latino agency, becoming autonomous January 1, 1994. Treatment Programs include Adolescent Outpatient Substance Abuse Program; Child Trauma Program, under contract to the Oklahoma Department of Mental Health and Substance Abuse Services; and Parent Assistance and Parent Aide services, through a contract with the Department of Human Services.

The LCDA lead staff, including the Director of Treatment Programs, Janys H. Esparza, M.S., received a two day training in English on the model, followed by half-day training in Spanish by Maria Ramirez, lead consultant on *iCelebrando Familias!*(iCF!)

LCDA began implementation on June 1, 2009, completing the series on September 21, 2009. Classes were conducted Monday evenings from 6:30 – 9:00 pm. LCDA completed all 16 sessions with 11 out of 16 enrolled families completing the series. All families were Hispanic or Latino. Enrolled were four young children, eight children ages 8-10, four children ages 11-13, and six adolescents ages 14-17 with babysitting provided by LCDA's paid Day Care staff. No transportation was provided. There were no referrals to Dept. of Family Services or to the Courts. Two referrals for family services and three for substance abuse treatment were made. Adequacy of rooms was considered good for parents and small children, but the children's, pre-adolescent and adolescent youth's rooms needed age-appropriate furnishings. No barriers were reported by staff. All material was provided in Spanish.

Group leaders were primarily Hispanic, female, with male co-leaders for the children and parent groups. The Latino Community Development Agency partnered with a charter school to provide the groups and provided a weekly incentive of candy for all children's groups, as well as gift cards, restaurant vouchers and movie rentals for adults and families.

3.1.2 EMQ-Families First (EMQ-FF) at Dorsa Elementary School in San Jose, CA. EMQ-FF is recognized for innovative mental health treatment, foster care and social services that help families recover from trauma, abuse and addiction, and rebuild their lives. Their mission is "to do whatever it takes to help children, strengthen families, build community, and advocate for systems change to ensure that our families thrive". EMQ-FF believes the most effective form of care for children, youth and their families is based in the community, using strengths and needs to define and individualize service.

EMQ-FF Addiction Prevention Services (APS) works to prevent addiction by informing and educating youth, families, schools, and communities about the dangers of adolescent drug and alcohol use, prescription pill swapping, teen pregnancy, and other unhealthy behavior choices. By working within identified schools and communities, APS provides support to kids, teens, parents, and caregivers both in and out of the classroom. APS programs include:

- *Celebrating Families!* and *iCelebrando Familias!* for families with a parent in recovery
- HiRAP – a support group program for adolescents ages 13-17 who demonstrate high-risk behavior
- HIPP - brief counseling for families struggling with addiction-related issues
- School-based Prevention Counseling Services - teaching school children to avoid high risk behaviors that can lead to addiction.

EMQ-FF APS is one of the original community-based sites for *Celebrating Families!* and its predecessor program, Kids Are Special. APS lead staff is Toni Welch Torres, CADAC, Program Manager. EMQ-FF hosted a three day training for San Jose, CA staff provided by *iCelebrando Familias! (iCF!)* Development Team in January 2009. APS began their *iCF!* classes Tuesday evenings at 5:30 pm, starting March 17 and

ending June 9, 2009. They completed all 16 sessions, but needed to provide two double sessions on Saturdays in order to complete the series by the end of school. 28 families were recruited; 21 were enrolled, including five referred by Santa Clara County Dependency Drug Courts; and 16 completed the program. Families completing the program were composed of 32 Hispanic or Latino adults, 11 children between 4-7 years of age, 11 between the ages of 8-12, and four between the ages of 13-16. Group leaders were primarily Mexican-American females, with male co-leaders for the parent and young children (4-7 years) groups. Babysitting was provided in the same room as the Parent Group by the School District. No transportation was provided. Groups were held in elementary school classrooms. Dinner, the parent group and the Family Group were held in the school multi-purpose room. All group spaces were felt to be "fine" except the Adolescent room was too small. (It was designed for elementary children.)

Under the leadership of Principal Norma Rodriguez, Dorsa Elementary School collaborated to pilot *iCelebrando Familias!(iCF!)* (Ms. Rodriguez was recognized as 2009 Elementary Principal of the Year by the Alum Rock School District in San Jose and the California and National 2010 National Distinguished Principal.) Dorsa's student body is 95% Hispanic or Latino. 100% of students qualify for the school lunch program and 70% of students are English learners. The school annually experiences a 40% student mobility rate.

Ms. Rodriguez meets monthly with 50 parents for a parent coffee. She, at parents' request, had been seeking a family skill-building model. Beyond recruiting families, Ms. Rodriguez made extra efforts to engage the families by calling them herself, encouraging students during the school's daily announcements (having students stand whose families had attended *iCelebrando Familias!* the night before), and having teachers incorporate follow-up questions from the program into the regular school day. All children's groups were provided in English, at their request. The parent (adult) group and Family Activity were provided in Spanish

3.1.3 MACSA-Gilroy For over 46 years, MACSA has been recognized as a leader in serving the Hispanic community in San Jose, CA with core values based on mutual respect and cultural appreciation. MACSA programs include: Family Literacy/ Early Childhood Education; Family Health and Fitness & Athletics; Youth Services from pregnancy prevention education to after school programs and programs that help youth learn to make good choices; early prevention; and affordable housing.

MACSA's lead staff member was Santa Alvarez, Community Outreach Educator. The two lead MACSA staff attended the three day training by *iCelebrando Familias!* Development Team held in San Jose in January 2009. MACSA started classes on March 27, 2009 and completed the series on July 24, 2009. Groups were held on Friday evenings from 5-8pm. All 16 sessions were completed, with 16 families enrolled, 11 completing the series. All families were Hispanic/Latino. There were 13 children ages 4-7 and 13 children under 1 year. The partner agency, Community Solutions, provided a nontrained co-leader for the Adult/Parent Group.

All group leaders were Hispanic females. Incentives included raffles of gift cards for \$20.00, small gifts for adults, and graduation hats and shirts. There were no referrals for other services. Childcare was provided by MACSA staff. No transportation was provided. Two groups were provided (parents and 3-7 year olds). All material was provided in Spanish.

3.2 EVALUATION INSTRUMENTS

Evaluation instruments comprised a compilation of instruments: existing *CF!* evaluation instruments, translated for this population and FIRST5 of Santa Clara County current evaluation instruments to which evaluation material specific to *CF!* was added by program developers. Youth instruments at Dorsa Elementary School were completed in English, as youth had attended English speaking groups. As evaluation instruments were under development at the time of the pilot, some questions were consistent and others differed in wording between the three sites. Group Leaders were from communities served with some having limited literacy skills themselves and little to no formal evaluation training or experience. All instruments were given as retro before-after.

Questions clustered around four main topics: (1) How helpful the course was personally (2) How satisfied were participants with staff and leaders (3) How the course changed the family and (4) How the course improved understanding between parents and children. The format for questions varied by site and by age group. In some cases, participants had five choices for responses; in other cases participants had only three choices. All of the responses in this section consist of averages.

3.2.1 Results Youth Surveys: The averages of all responses were positive, with a few being the same or unchanged. Youth were highly satisfied with the program and generally positive, but not as strongly positive as were adults and youth group leaders. Two averages were on the negative side and there were individual responses that were negative in several questions.

Negative responses were:

(a) At LCDA for the 8-12 age group for the question: "*Would this program be good for other kids?*" (Ave=2.8 on a 3.0 scale with 1=yes and 3=no).

(b) At Dorsa School for the 8-12 age group for the question: "*How helpful were the group leaders?*" (Ave=2.18) which is in the "somewhat satisfied" area, bordering on undecided.

Two responses indicated no change for the Dorsa 8-12 age group:

(a) "*This program helped me feel better about myself and my family.*"

(b) "*This program helped me get along with adults better.*"

The Dorsa 8-12 age group also averaged "somewhat satisfied" to the question, "*How much did your family change?*" (2.0). Their average was slightly more positive to the question, "*How much did the program affect your family's recovery?*" which seemed

to be perceived as a different question than the former with an average of 1.82. (On this series of questions, lower scores were considered more positive.)

The Latino Community Development Agency (LCDA) 16-17 age group were more positive on the questions about how much they themselves understood chemical dependency than were the Dorsa 8-12 year olds. (Families served by LCDA had identified substance abuse disorders, while families served at Dorsa School came from a high risk environment.)

3.2.2 Results Adults in the LCDA and Dorsa sites reported significant satisfaction with *CELEBRANDO FAMILIAS!* Parents in both sites registered positive behavior changes in their interactions with their children and in their perceptions of their parenting abilities.

3.2.3. Group Leaders registered very significant positive changes with 96-99% confidence levels for youth and adults in all areas.

3.2.4 Results Cognitive Test Scores Teaching cognitive concepts is an area that needs improvement for all age groups, especially for youth. At Dorsa, youth questionnaires were administered in English, as groups were provided in English (at students' request). This may have affected their responses, making validity and reliability suspect due to the language difference. (No cognitive results were reported from any group from LCDA or MACSA.)

3.2.5 Validity and Reliability of Instruments.

It is important to examine both the validity and the reliability of the evaluation instruments and conclusions. Internal validity is the strength of the conclusions or did the "tests" measure what they were intended to measure? Are conclusions valid, based on the strength of the evidence?

Results are considered valid for the evaluations conducted in Spanish and reliable for the program carried out in more than one site. Answers by both parents and youth were consistently positive. That is, given two choices for agree and two choices for disagree, with few exceptions, respondents checked either agree or strongly agree. There was internal agreement among different adult family members about how much the program affected their family. The greatest threats to internal validity are the small numbers in each group and the different wording of the questions.

Therefore the results for all but the cognitive measures appear to be valid. The wide variation in youth cognitive performance points to a threat to validity. What was happening in one center that was different from the other to account for discrepancy in the results? The answer may be because the questionnaires were given in English with one group that may be more proficient in English than another. In that case, participants may have misunderstood the question, rather than the concept.

External validity means how well an instrument may be used in other settings to get the same results. The measures seem to have external validity because of the strength of positive responses for parents in different settings.

Reliability refers to consistency of measurement or the degree to which an instrument measures the same way each time it is given. Reliability is not as important as validity. However, redundancy within the various instruments increases reliability. That is, the same questions were asked in different ways with positive answers given each time. Threats to reliability are lack of before and after testing, no control group, and difference in languages in which the tests were given. For example, the adult questionnaires were all given in Spanish, the language used for teaching. The youth questionnaires were given in English, the language used for teaching at LCDA and Dorsa. Youth at these two sites were considered to be bilingual, but they may have scattered English skills and not fully understand written questions in English.

Evaluators concluded that the results can be considered reliable. However, evaluators were particularly suspect of cognitive tests for youth and not highly reliable for the adult instruments.

3.3 EVALUATION RESULTS BY SITE

3.3.1 Latino Community Development Agency (LCDA)

Retro Before-after Evaluation Questionnaires in Spanish were read to the groups and completed during Session 16. Three youth ages 16-17 years old and five youth ages 8-13 completed the Satisfaction Questionnaires in English. Ten parents completed the Satisfaction Questionnaire in Spanish. All families served by LCDA had identified substance abuse issues.

Youth Satisfaction Youth ages 16-17. N= 3 Program and evaluation forms were in English. Family activity was in Spanish. All youth responding gave leaders highest response as “excellent” believing leaders cared “ a lot” (4) – the highest response available. On the four point scale, students responded to “how much do you feel this program has improved your understanding of parents’ feelings and behaviors?” with an average (av) response of 3.67. Teen satisfaction was high, although the n was very small.

All students felt that taking the class helped them and their family. Other responses using an answering scale of 1 not, 2very little, 3 somewhat, 4 a lot, 5 a whole lot were:

How much positive change have you seen in your relationship with your parents?	Av=4
How much do you feel your leaders care about you and your family?	Av=5
How much do you feel this program has helped your family understand chemical dependency?	Av=4.33
How much do you feel this program has helped you understand how	Av=4.33

chemical dependency has affected you?	
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Children’s Satisfaction (Ages 8-13). N=5 Program and evaluation instruments were in English. Family activity was provided in Spanish. This group was not significantly satisfied with the program, although they were very satisfied with their group leaders. Questions and scale were different from other questionnaires with a low score being desirable.

Answer Scale: 1=good, better; 2= same, maybe; 3=no, bad, worse.

1. Do you think the program is good, ok, bad?	Av=1.60
2. Did you get what you wanted from the program?	Av=1.40
3. Were the group leaders helpful?	Av=1.6
4. Would this program be good for other kids?	Av=2.8
5. This program helped me feel better about myself. (Showed no change.)	Av=2.0
6. This program helped me get along with adults. (Showed no change.)	Av=2.0
7. This program helped me learn new things.	Av=1.8
8. This program helped me stay out to trouble.	Av=1.6
9. I feel safe with group leaders.	Av=1.4
10. I know what chemical dependency means now.	Av=1.8

Cognitive Concepts –LCDA did not implement the cognitive (yes/no) questionnaire to children, youth, nor parents.

Parents Satisfaction with iCF! Program (n=10) Parents with children attended an average of 13 sessions, ranging from 8-15 sessions. Sessions attended by a second adult in the family average 10.6, ranging from 1 to 13. The program and family activity were provided in Spanish. Evaluation instruments were in English, read to the parents in Spanish. The parents filled in their answers on the English form. Some responses had a possibility of a 5 point scale and some 4 points. Results were significant that the parents were satisfied with iCF! The final three questions are consistent with “Positive Parenting” found by the LutraGroup (2007) for the English version.

Answering scale: 1=not, 2=very little, 3=somewhat, 4=a lot, 5=amazing

1. Overall parents were satisfied with the group with answers ranging from well (4) to very well (5)	Av=4.7
2. They felt their group leaders and children’s were competent.	Av= 4.8
3. All would recommend the group to others with answers ranging from definitely yes (1) to yes (2)	Av=1.3
4. All responded that the program made them better parents with answers ranging from some(2) to yes (3).	Av=2.9
5. All saw positive change with their child. Answers ranged from some (3) to (5) amazing.	Av=3.9
6. All reported improvement in understanding their child from some (3) to (5) amazing.	Av= 4.0.

7. All saw some positive change in the family because of <i>CF!</i> from some (3) to (5) amazing. (40% were "some")	Av=3.8
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In comparison to other pilot sites, all families attending LCDA were in early recovery - the original targeted group for *iCF!*. On a 4 point scale from "somewhat" (3) to "a lot" (4), these parents responded

Answering Scale: 4= a lot; 3=somewhat; 2= very little; 1= none.

1. "How do you feel the group has affected your recovery?"	4 (no higher response available.)
2. " <i>iCF!</i> helped my family understand chemical dependency and recovery".	Av=3.9

These results are consistent with the LutraGroup (2007) finding of decreased alcohol and drug use in the English version, *Celebrating Families!*

3.3.2 MACSA-Gilroy:

Families served by MACSA-Gilroy, were considered high risk, but did not have identified substance abuse concerns. Due to confusion between MACSA and *Celebrando Familias!* developers regarding late translation of evaluation instruments, parents' satisfaction and skill instruments results are not included in this report.

Group Leader Children & Youth Skill Observations, Ages 3-7, N=11

There were 13 questions rated for before the program started and after completion of the program on a scale from 1-3. 12 of the 13 questions were in the 96-99% confidence level, which shows significant improvement as rated by the group leaders. Question 12: "Child knows he or she is at risk for addiction" was not significant because in seven cases the pre-knowledge was rated as "don't know". The results are consistent with "strengths and resilience" found in the English version by LutraGroup (2007).

Group Leader Children's Skill Observations - MACSA group leaders focused on children's successes (ages 4-7) in *Celebrando Familias!*

- One of the children told his uncle to not smoke because the lungs will get black. Now the uncle doesn't smoke in the house and smokes less.
- On a hot day, a boy took his mother's beer away and told her that "it is not good to drink beer." He gave his mother the option to drink water.
- One of the children was very active, moving all over the room. He seemed very distracted. The leaders thought that he wasn't learning. Wrong! He talked with his uncle about his uncle's smoking, telling him that he will get yellow teeth and black lungs.
- Another child, before going to a party, told her dad to not drink, because if he drank she would go back home. The father didn't listen to her, went to the party and drank a beer. The little girl started to cry, The father stopped drinking.

3.3.3 EMQ-Families First (EMQ-FF): The Retro Before-After Evaluation Questionnaire was read to the groups during Sessions 15 and 16. Youth completed the questionnaires in English; adults in Spanish. Eleven youth, ages 8-12 completed Satisfaction Questionnaires, with eight completing Questions About You. Four youth ages 13-17 completed Questions About You. Group leaders completed 11 Retro Before-After Skills Observations for youth ages 8-12 and four for youth ages 13-17. Cognitive True/False questionnaires were completed by seven youth ages 8-12, four youth ages 13-17, and 31 adults. 31 parents completed the Retro Before-After Skills Self-Assessment and Satisfaction Questionnaire. Observation reports were done in English by staff.

Parent Group & the Family Activity were presented in Spanish; children and youth groups in English, per their request.

Youth Satisfaction (Ages 13-17). N=4

Answering scale: 1=not, 2=very little, 3=somewhat, 4=a lot, 5=a whole lot

1. How helpful were the group leaders?	Av=2.18
2. This program helped me feel better about myself and my family.	no change
3. This program helped me get along with adults better.	no change
4. How much did your family change?	Av=2.0
5. How much did the program affect your family's recovery? (75% of these families were not identified as having substance abuse.)	Av=1.82

Children's Satisfaction Ages 8-12. N=11

This scale is different and the order of questions is different from LCDA. (Note: One respondent answered all questions with 5. It could be that this individual was confused and meant to answer as very satisfied, or this individual was unsatisfied with everything about the program. In some cases that was the only 5 among 1's and 2's.)

Answering scale: 1=very satisfied, 2=somewhat satisfied, 3=undecided, 4=unsatisfied, 5=very unsatisfied

1. How satisfied were you with the program?	Av=1.45
2. How well was the program run by staff?	Av=2.09
3. How satisfied were you with the group leader?	Av=2.18
4. How much did your family change?	Av=2.0
5. How much did the program affect your family's recovery? (Most were not identified families in recovery.)	Av=1.82
6. How much did the program help you understand how addiction and dependency has affected your family?	Av=2.09

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Youth Questions About You (Children & Youth Skills, ages 8-12) N=8 (Youth self ratings of before and after the program). Many of the questions were the same as above with only eight questions. Two responses had over 90% confidence interval which showed significance:

“I practice acts of kindness.”

“I am able to center”.

On the question, “I can control my anger”, two respondents checked “frequently” (4) for before the program and “never after the program”(1). All others checked “almost always” (5) for both before and after the program. All eight students indicated either “no change” in “I have a safe and caring adult with whom I can talk” or in two cases from “sometimes” (3) to “seldom” (2). All eight youth did not perceive significant change, although they indicated that they were satisfied with the program on another questionnaire.

Youth Questions About You (Pre-Adolescents/Adolescents, Ages 13-17) N=4. The same questions given to the older youth group yielded more positive results. With such a small number, it is difficult to draw conclusions. Answering scale: 1=never, 2=seldom, 3=sometimes, 4=frequently, 5=almost always

	Before	After
1. I know how to ask for help.	2	4.3
2. I practice acts of kindness now.	3.25	4.5
3. I have a safe and caring adult to talk to.	3	4.25
4. I am able to center.	3.75	4.75
5. I can control my anger.	2.5	4.25
6. I can experience “WOW” (Wonder of the World) moments.	3.25	4.5
10. My family has clear rules for alcohol and drug use. Before ¡CF! two students reported yes and two reported no.		At post test all responded yes.

No change was reported from retro before-after test on the questions:

- How many meals the family ate together.
- On the question “addiction is inherited”. (All students believed this was a true statement both before and after attending CF!)
- On the question, “Do your parents use alcohol and other drugs when you are present.” (All reported that both before and after class that their parents did not use when they were present.)

On the question, “My family has clear rules for alcohol and drug use”. Two students reported yes and two no before attending ¡CF! At post test all four students reported yes. 1 in 4 students changed their response on the question “children do not cause their parents to drink or use drugs” from yes to no.

Cognitive Change: Did the program do a good job of teaching concepts? There were 23-25 true/false questions for various age groups. Evaluator’s conclusion is that teaching cognitive concepts is an area that needs improvement for all age groups, especially with youth. Group Leader feedback was that true/false questions for the

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Spanish population were confusing and need to be re-formatted to “yes/no” answers. In addition some of the wording was reported as confusing to participants by group leaders.

Youth ages 8-12, n=7.	Average missed: 15 of 23 - more than random or guessing.
Youth ages 13-17, n=4	Average missed 6, less than random.
Adult Cognitive, n=31:	Average missed 4.4, less than random.

Questions missed by Youth ages 13-17:

Question	Answer	Evaluator Comment
11. Beer, flavored malt beverages, wine and hard liquor all contain the same amount of alcohol.	TRUE	Missed by all four.
18. All children with alcoholic or addicted parents take on the same role in the family.	FALSE	Missed by three.
19. There are lots of other children/teens just like me whose parents drink/use too much.	TRUE	Missed by two.
25. Because people addicted to alcohol and other drugs have a disease, they are not responsible for their behavior when they are drunk or using drugs.	FALSE	Missed by two.

Adult most missed questions:

Question	Answer	Evaluator Comment
2. I can express my anger safely	TRUE	Not a real question.
12. Alcohol affects men’s and women’s bodies react the same. (sic)	FALSE	Missed by 25
19. Refusal skills are important only for children.	FALSE	Missed by 29
20. When people get sober they stop abusing their children and partners.	FALSE	Missed by 17
23. Because people addicted to alcohol and other drugs have a disease, they are not responsible for their behavior when they are drunk or using drugs.	FALSE	Missed by 11. Evaluator considered question confusing.

Group Leader Children & Youth Skill Observations, ages 8-12 N=11

All 13 questions were within the 98-99% confidence level as very significant improvement as rated by the group leaders.

Group Leader Children & Youth Skill Observations, Pre-Adolescent/

Adolescent) N=4 All 13 questions were within the 96-97% confidence level indicating significant improvement as rated by the group leader.

Parents Skills Self-Assessment (Ages 22-50) N=31

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Evaluation forms were provided in Spanish and read to parents. The questions and the response scale were different than for LCDA. Among the 31 parents, five were referred from Dependency Drug court with identified chemical dependency.

Parents reported results on 78 children. (It is reasonable to assume that many children were counted more than once, e.g., if a mother and a grandfather attended with two children and both reported children, there would be a count of four children.) Three children were designated as “special needs,” but without an age group designation. Ages of children were:

Children under 3 =20	Children 3-5 =10
Children 6-18=47	Children 8-12= 11
Youth 13-17=4	

There was no report of how many sessions were attended by adults or children.

Parents were asked ten questions about their interaction with their “target child” and then asked if that behavior occurred less than, more than, or the same as before the program, in reverse order. This made analysis very difficult as positive change was rated with a negative number. This was further complicated by question # 3 “How often do you spank or slap your child?” in which the desired response is a negative number. If a parent did not slap or spank before the program, the response would be “same”.

However, some generalizations can be drawn with positive change reported for 9 of the 10 questions. Results are consistent with “cohesion, conflict, positive parenting, parent involvement, and skills” from the English version found by LutraGroup (2007).

Answering scale: 4=less than, 3=more, 2=same, 1=don’t know

	Before-program	After-program
1. How often do you talk to your child? Evaluator Note: 3% represents one parent in each category, which could be the result of non-custodial parent .	Everyday 77% About once a week 16% Several times/wk 3% Less than once/wk 3%	More 83% Same 14% Less 3%
2. How often do you hold or cuddle your child? Evaluator Note: Question may not be appropriate for parents of older teens.	Everyday 74% Several times/wk 25%	More 68% Same 31%
3. How often do you spank or slap your child? Evaluator Note: 3%=1 parent Evaluator Note: Desired response is negative	Never 58% Less than once/wk 32% About once/wk 6% Several times/wk 3%	More 3% Less 37% Same 55% Don’t know, no change 3%

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4. How often do you read with your child now? Evaluator Note: 9%=3 out of 31 parents	Several times/wk 42% About once/wk 26% Every day 13% Less than once/wk 9% Never 9%	More 53% Less 3% Same 36% Don't know 7%
5. How often do you scold/yell at your child? Evaluator Note: Desired response is negative	Less than once/wk 43% Several times/wk 20% About once/wk 17% Every day 13% Never 6%	More 21% Less 75% Same 3%
6. How often do you teach your child new things now?	Every day 48% several times/wk 35% About once/wk 10% Less than once/wk 6%	More 72% Less 3% Same 24%
7. How often do you praise your child for good behavior now?	Every day 43% Several times/wk 33% About once/wk 16%	More 89% Same 10%
8. How often do you play with your child?	Every day 45% Several times/wk 32% About once/wk 19% Less than once/wk 3%	More 63% Less 3% Same 33%

For the following two questions the answering scale was:
4=Strongly agree, 3=agree, 2=disagree, 1=strongly disagree

9. As a result of the program I feel more informed about how to be a parent.	Av=3.6
10. As a result of the program I have a better understanding of how children grow and learn.	Av=3.67

Parents Satisfaction with iCF! Program (n=31)

Parent Satisfaction Instrument was provided in Spanish and read to parents in Spanish, with open ended answers written in Spanish and translated by group leaders for evaluators. The instrument consisted of 13 questions with responses ranging from 1=strongly disagree, 2=disagree, 3=agree and 4= strongly agree. Results were significant that the parents were satisfied with ¡CF! All responses were "agree" or "strongly agree" with the exception of one "disagree" for "I was happy with the child care provided" with averages ranging from

Group leaders understood my life experiences.	Av=3.5
Group leader was a good teacher.	Av= 3.8
¡CF! was in a language I was comfortable speaking.	Av= 3.8
I was able to attend ¡CF! because child care was provided. (only those bringing a young child answered)	Av=3.88

Group Leader Assessment of Parents Skills: At a focus group conducted by PPI staff, Group Leaders from EMQ-FF at Dorsa School reported that *iCFi* had

1. Significant positive impact on family functioning:
 - 100% increase in parents' understanding of substance abuse and its relationship to child abuse.
 - Improvement in 12 of 13 family areas with "I practice Acts of Kindness" and "I am able to center" showing the highest interval of change.
2. Significant impact on Developmental Assets or Protective Factors:
 - 80% increase in number of meals eaten as a family.
 - 80% increase in participants' ability to connect with safe people.
 - 70% increase in participants' ability to identify and appropriately express feelings.
 - 80% increase in participants' service to others.

3.4 QUALITATIVE OUTCOMES

3.4.1 Parent Responses

In addition to quantitative evaluation, qualitative evaluation provides additional data and insight. Parent satisfaction instruments contained the following open-ended questions:

1. How did *iCF!* help your family deal with alcohol and drugs?
 - If I abuse alcohol, my children are likely to do the same.
 - If there is an alcoholic in the family, all the family suffers from alcoholism.
 - It is important that the manner in which I respond to and attempt to help a person that may have this addiction, not be oppositional.
2. What are the two most important things you will take away from *¡CF!?*
 - It is very important to communicate loving words to our children (numerous responses).
 - Relaxation exercises (numerous responses).
 - How to address my children when they need attention. How to encourage them daily (numerous responses).
 - First of all to know how to listen.
 - How to control my anger (several answers).
 - That others should respect our bodies and not touch us inappropriately.
3. What are the two most important things your children will take away?
 - My children told me "We need to eat together just like we did in CF! program. If not, we're not family!"
 - The importance of self-control.

3.4.2 Group Leader Memorable Moments A Focus Group of group leaders from EMQ-FF Addiction Prevention Services (Dorsa School site) and MASCA Collaboration met following the Spring 2009 pilot of groups. They were asked "What is one thing you will always remember from your group?" Answers included:

- A single mom of a third grade student with behavior and social issues told her story of drug use while pregnant and as a young mother. Tearfully, she said "if I'd known then what I have learned through *iCelebrando Familias!*, things would have been different!"
- The incredible community response and family commitment!
- The amazing turnout of fathers and their commitment! "Never as a facilitator had I had so many Dads in my class!"
- A Mom asking, "What is an alcoholic?" After the explanation, her response of "My Dad is an alcoholic!"
- A Mom saying, "I hug my kids and tell them I love them now. I don't know why I didn't do it before...perhaps I was embarrassed, but not anymore!"
- Serenity prayer with all 50+ participants in circle – not even fitting in the auditorium!
- Doing the relaxation exercise with the young children and parents
- When one of the children leads the relaxation exercise.
- Reports of increased communication in family "guess what, my Dad talked to me!"
- Children's sharing during family time "they actually did learn".
- Kids motivating parents to keep coming back!
- Kids educating family members about the term chemical dependency. They WANTED to use the "big word".

4.0 GENERAL CONCLUSIONS

Ms. Rodriguez, Principal at Dorsa School, feels perhaps the greatest lesson from the program is the importance of "convivir - the art of living well together and valuing one another."

The success of the program as reported by the participants is comparable to the English version based on group leaders evaluations of 26 of the children and youth participants and retro before-after evaluation instruments completed by 64 individual participants, elementary age children through adults.

Findings included:

1. Parents at all sites were satisfied with the program and staff at all three piloting organizations.
2. Child care was very important in parents' willingness to attend.
3. Parents indicated significant impact on family organization, cohesion, communication, conflict solving, strengths and resilience; positive parenting, parent involvement, improvement in parenting skills and alcohol and drug use reduction, all of which were consistent with findings from the English version by LutraGroup (2007).
4. Children and youth reported slightly less satisfaction with the program than their satisfaction with staff that showed consistently high scores for satisfaction with staff. Overall youth
 - were not enthusiastic about recommending the program to others.

- reported fewer changes than did their parents or their group leaders.
- had cognitive scores that were very concerning, indicating that the youth are not learning the concepts taught in the program.

Note: Group leaders reported positive changes in all areas of youth behavior.

5. An unexpected outcome of this evaluation was recognition that the program is effective as a primary prevention program for at-risk families, as well as an intervention for families with identified substance abuse problems. (Dorsa Elementary school primarily served families without identified substance abuse problems, but who lived in a very high risk community.)

Limitations to this analysis include:

- Evaluators were unable to determine the number of sessions individuals attended and how attendance was related to reported behavioral changes or material learned (dose effect), as evaluation questionnaires were confidential and not coded.
- Questionnaires varied by site and language (all Spanish, all English, mix of Spanish and English).

More in-depth evaluation is needed to confirm the impact of this program on families affected by substance abuse and living in high risk communities.

Recommendations for future evaluation include:

- Ensure group leaders are trained and understand importance of evaluation.
- Have group leaders score cognitive evaluation instruments. They would then know what concepts were missed by the groups.
- Have consistent questions and consistent scales for all questions for all groups and among sites.
- Desired answers (outcomes) should have the highest response number.
- Reduce the number of questions. Remember change is what is being measured.
- Remember group leaders are apt to be biased in assessing the results of the program.
- If cognitive change is valued, all sites should do the cognitive evaluations. Cognitive responses should be in a yes/no format for this population.
- Record how many sessions were attended by the respondents to measure the dose-effect. This would require coding of instruments.
- Give questionnaires in the language used to teach the class.
- Record the age of each youth participant.
- It is vital that with participants with possible limited literacy (in English or Spanish) group leaders slowly read, each question to the group aloud.

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APPENDIX A
INSTRUMENTS

**CELEBRATING FAMILIES!
SITE COORDINATOR INFORMATION SURVEY**

PLEASE PRINT

DATE: _____ AGENCY: _____

CONTACT NAME: _____ TITLE: _____

PHONE NUMBER: _____ FAX NUMBER: _____ EMAIL: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PROGRAM INFORMATION	
CLASS START DATE	
CLASS FINISH DATE	
DAY OF WEEK AND TIME	
NUMBER OF: SESSIONS COMPLETED	
NUMBER OF FAMILIES RECRUITED	
NUMBER OF FAMILIES ENROLLED/STARTED	
NUMBER OF FAMILIES COMPLETED	
ADULT PARTICIPANTS BY ETHNICITY	
NUMBER OF AFRICAN-AMERICAN	
NUMBER OF AMERICAN INDIAN	
NUMBER OF ASIAN	
NUMBER OF HISPANIC OR LATINO	
NUMBER OF WHITE	
NUMBER OF OTHER: SPECIFY	

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NUMBER OF GRANDPARENTS		
NUMBER OF FOSTER PARENTS		
NUMBER OF OTHER CAREGIVERS		
CHILDREN & AGE RANGE/GROUP		
YOUNG CHILDREN	TOTAL	AGE RANGE FR: _____ TO: _____
CHILDREN	TOTAL	AGE RANGE FR: _____ TO: _____
PRE-ADOLESCENT OLDER YOUTH	TOTAL	AGE RANGE FR: _____ TO: _____
ADOLESCENT	TOTAL	AGE RANGE FR: _____ TO: _____
GENDER/ETHNICITY OF GROUP LEADERS		
ADOLESCENT		
CHILDREN GROUP		
PARENT GROUP		
PRE-ADOLESCENT OLDER YOUTH		
YOUNG CHILDREN GROUP		
PARTNER AGENCY - IF ANY INCLUDE TYPE: E.G. PRESCHOOL, CHURCH, TREATMENT PROVIDER.		
LEAD CONTACT		
IN-SESSION INCENTIVES (IF FUNDING ALLOCATED) SPECIFY: WEEKLY/INTERMITTENT CASH/VOUCHERS/GIFTS TOTAL DOLLAR VALUE/FAMILY:		
COMPLETION INCENTIVES: (IF FUNDING ALLOCATED) SPECIFY: CASH/VOUCHERS/GIFTS TOTAL DOLLAR VALUE/FAMILY:		
EVALUATION		
NONE	CHECK BOX	
PRE/POST RETRO QUESTIONNAIRE	CHECK BOX	
SESSION NUMBER WHEN COLLECTED		
HOW COLLECTED? (TOOK HOME, READ TO THEM IN GROUP, READ THEMSELVES)		
NUMBER OF DFS REFERRALS		
NUMBER OF COURT REFERRALS		
NUMBER OF FAMILY SERVICES REFERRALS		

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NUMBER OF SUBSTANCE ABUSE TREATMENT REFERRALS	
TRANSPORTATION PROVIDED (Y/N) TYPE?	
ON-SITE BABYSITTING? Y/N	
WHO PROVIDED?	
NUMBER OF VOLUNTEER OR PAID?	
TYPE OF FACILITIES	
ADEQUACY OF ROOMS FOR: TOO SMALL/LARGE, ETC.	
PARENT GROUP?	
SMALL CHILDREN'S GROUP?	
CHILDREN'S GROUP?	
PRE-ADOLESCENT GROUP?	
ADOLESCENT GROUP?	
SITE COORDINATOR:	
NAME	
TITLE/POSITION	
CREDENTIALS (CADDC, MTF, LSS)	
CONTRACT OR EMPLOYEE?	

WERE THERE ANY UNIQUE BARRIERS IN IMPLEMENTING THIS PROGRAM?

ADDITIONAL COMMENTS/INSIGHTS/SUGGESTIONS TO IMPROVE IMPLEMENTATION FOR YOUR AGENCY (USE SPACE BELOW OR ATTACH PAGES AS NEEDED):

THANK YOU!!!

PREPUBLICATION COPY DO NOT REPRODUCE

GROUP LEADERS: MAKE COPIES ON COLORED PAPER AND READ ALL FORMS OUT LOUD WITH GROUP.

TO KNOW HOW MUCH YOU HAVE LEARNED DURING *CELEBRATING FAMILIES!*, WE ARE ASKING YOU SOME QUESTIONS. **THIS IS NOT A TEST.** YOUR ANSWERS ARE **CONFIDENTIAL** AND WILL **NOT BE TOLD TO ANYONE**. THE INFORMATION WILL BE USED TO HELP IMPROVE *CELEBRATING FAMILIES!*.

I WILL READ THE QUESTIONS TO YOU. PLEASE CIRCLE YES IF YOU THINK THE STATEMENT IS TRUE, AND NO IF YOU THINK THE STATEMENT IS NOT. IF YOU AREN'T SURE WHAT YOU THINK, CIRCLE DON'T KNOW. IF YOU HAVE ANY QUESTIONS, JUST ASK.

CHILD QUESTIONNAIRE

DATE: _____ NAME/CODE: _____ M/F: ____ LOCATION: _____

1. CHEMICAL DEPENDENCY INCLUDES USE OF ALCOHOL AND OTHER DRUGS:

Y
YES

N
No

?
DON'T KNOW

2. CHEMICAL DEPENDENCY IS A DISEASE:

Y
YES

N
No

?
DON'T KNOW

3. I CAUSE MY PARENTS TO DRINK OR USE DRUGS:

Y
YES

N
No

?
DON'T KNOW

4. CHILDREN SHOULD NOT TALK TO OTHERS ABOUT THEIR PARENT'S DRINKING OR USING:

Y
YES

N
No

?
DON'T KNOW

5. CHILDREN WHOSE PARENTS DRINK OR USE TOO MUCH MIGHT PRETEND NOTHING IS WRONG:

Y
YES

N
No

?
DON'T KNOW

6. WHEN PARENTS DRINK OR USE DRUGS, IT HURTS KIDS AND EVERYBODY IN THE FAMILY:

Y
YES

N
No

?
DON'T KNOW

7. I CAN HELP MY PARENT STOP DRINKING OR USING IF I TRY HARD ENOUGH:

Y
YES

N
No

?
DON'T KNOW

8. THERE ARE LOTS OF OTHER CHILDREN WHOSE PARENTS DRINK OR USE TOO MUCH:

Y
YES

N
No

?
DON'T KNOW

9. ALL MY FEELINGS ARE OK:

Y
YES

N
No

?
DON'T KNOW

10. I HAVE SPECIAL TALENTS:

Y
YES

N
No

?
DON'T KNOW

11. ALCOHOL AND DRUGS CHANGE HOW PEOPLE FEEL AND ACT:

Y
YES

N
No

?
DON'T KNOW

12. DEFENSES HELP ME HIDE MY FEELINGS FROM OTHERS:

Y
YES

N
No

?
DON'T KNOW

13. IT IS OK FOR ME TO SAY “NO” WHEN I FEEL UNSAFE:

Y
YES

N
No

?
DON'T KNOW

14. I CAN CHANGE HOW OTHER PEOPLE FEEL:

Y
YES

N
No

?
DON'T KNOW

15 I KNOW HOW TO MAKE HEALTHY DECISIONS:

Y
YES

N
No

?
DON'T KNOW

16. FEELINGS HELP ME KNOW WHAT IS GOING ON INSIDE OF ME:

Y
YES

N
No

?
DON'T KNOW

17. THERE ARE PEOPLE AND PLACES I CAN GO TO FOR HELP:

Y
YES

N
No

?
DON'T KNOW

18. IT IS OK FOR PEOPLE TO TOUCH ME IN ANY WAY THEY WANT TO:

Y
YES

N
No

?
DON'T KNOW

19. IT IS OK TO FEEL GOOD ABOUT MYSELF:

Y
YES

N
No

?
DON'T KNOW

THANK YOU FOR HELPING!!

GROUP LEADERS: REMEMBER TO MAKE COPIES ON COLORED PAPER AND READ ALL FORMS OUT LOUD WITH THE GROUP.

CHILD SATISFACTION 4-7 YEARS

DATE: _____ NAME/CODE: _____ M/F: _____

LOCATION: _____

CIRCLE THE PICTURE THAT BEST TELLS US HOW YOU FEEL:

1. DO YOU THINK *CELEBRATING FAMILIES!* IS



GREAT!



OKAY



BAD

2. WERE YOUR GROUP LEADERS HELPFUL?



YES



MAYBE



NO

3. DO YOU THINK IT WOULD BE HELPFUL FOR OTHER KIDS TO ATTEND *CELEBRATING FAMILIES!*?



YES



MAYBE



NO

4. *CELEBRATING FAMILIES!* HELPED ME FEEL BETTER ABOUT MYSELF AND MY FAMILY:



BETTER



SAME



WORSE

5. *CELEBRATING FAMILIES!* HELPED ME LEARN NEW THINGS:



YES



MAYBE



NO

6. *CELEBRATING FAMILIES!* HELPED ME LEARN HOW TO MAKE BETTER CHOICES:



YES



MAYBE



NO

7. I FELT SAFE WITH MY GROUP LEADERS:



YES



SORT OF



NO

8. DESCRIBE OR DRAW ONE THING YOU LEARNED FROM THIS GROUP. IF YOU DRAW, PLEASE EXPLAIN YOUR PICTURE TO YOUR GROUP LEADER.
(GROUP LEADERS: PLEASE WRITE DOWN CHILDREN'S DESCRIPTION.)

9. ON THE BACK OF THIS PAGE DESCRIBE OR DRAW ONE ACT OF KINDNESS YOU OR YOUR FAMILY DID DURING *CELEBRATING FAMILIES!*

THANK YOU FOR HELPING!

GROUP LEADERS: REMEMBER TO MAKE COPIES ON COLORED PAPER AND TO READ ALL FORMS OUT LOUD WITH GROUP.

OLDER CHILD SATISFACTION – 8-10 YRS

DATE: _____ NAME/CODE: _____ M/F: _____ LOCATION: _____

CIRCLE THE WORD THAT BEST TELLS US HOW YOU FEEL.

1. DO YOU THINK *CELEBRATING FAMILIES!* IS:

GREAT

OK

NOT SO GOOD

2. WERE YOUR GROUP LEADERS HELPFUL?

YES

SORT OF

NO

3. DO YOU THINK IT WOULD BE HELPFUL FOR OTHER KIDS LIKE YOU TO ATTEND *CELEBRATING FAMILIES!?*

YES

MAYBE

NO

4. *CELEBRATING FAMILIES!* HELPED ME FEEL BETTER ABOUT MYSELF AND MY FAMILY:

BETTER

SAME

WORSE

5. *CELEBRATING FAMILIES!* HELPED ME LEARN NEW THINGS:

YES

MAYBE

NO

6. *CELEBRATING FAMILIES!* HELPED ME LEARN HOW TO MAKE BETTER CHOICES:

YES

MAYBE

NO

7. I FELT SAFE WITH THE GROUP LEADERS:

YES

SORT OF

NO

8. DESCRIBE OR DRAW ONE THING YOU LEARNED FROM THIS GROUP.
IF YOU DRAW, PLEASE EXPLAIN THE PICTURE TO YOUR GROUP LEADER.
(GROUP LEADERS PLEASE WRITE DOWN CHILDREN'S DESCRIPTION.)

9. DESCRIBE OR DRAW ONE ACT OF KINDNESS YOU OR YOUR FAMILY DID DURING
CELEBRATING FAMILIES!

THANK YOU FOR HELPING!

PREPUBLICATION COPY DO NOT REPRODUCE

GROUP LEADERS: MAKE COPIES ON COLORED PAPER AND READ ALL FORMS OUT LOUD WITH THE GROUP. FOR YOUTH AGES 8-17.

COGNITIVE QUESTIONNAIRE – 8 - 17 YRS

DATE: _____ NAME/CODE: _____ GROUP LOCATION: _____

CIRCLE: MALE FEMALE

HOW OLD ARE YOU? _____ YEARS

QUESTIONS ABOUT YOU

THE INFORMATION FROM THIS FORM WILL BE USED TO HELP US LEARN ABOUT THE PROGRAM. WE WILL ASK ABOUT YOU **BEFORE THE PROGRAM** STARTED AND THEN **NOW**. ON SOME QUESTIONS YOU WILL BE ASKED TO RATE YOURSELF USING THE FOLLOWING SCALE:

1=NEVER 2=VERY RARELY 3=RARELY 4=HALF THE TIME 5=FREQUENTLY 6=VERY FREQUENTLY 7=ALWAYS

BEFORE PROGRAM	ITEM	QUESTION	NOW
1 2 3 4 5 6 7	1	I KNOW HOW TO ASK FOR HELP.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	2	I PRACTICE ACTS OF KINDNESS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	3	I HAVE A SAFE AND CARING ADULT WITH WHOM I CAN TALK.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	4	I AM ABLE TO CENTER.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	5	I CAN CONTROL MY ANGER.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	6	I EXPERIENCE "WOW" MOMENTS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	7	DURING THE WEEK, MY FAMILY EATS MEALS TOGETHER.	1 2 3 4 5 6 7
YES NO	8	I BELIEVE THAT ALCOHOL AND DRUG ADDICTION IS A DISEASE THAT IS INHERITED.	YES NO
YES NO	9	CHILDREN DO NOT CAUSE THEIR PARENTS TO DRINK OR USE DRUGS.	YES NO
YES NO	10	OUR FAMILY HAS CLEAR RULES ABOUT THE USE OF ALCOHOL AND OTHER DRUGS.	YES NO
YES NO	11	MY PARENT USES ALCOHOL/DRUGS WHEN I AM PRESENT.	YES NO

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BEFORE PROGRAM	ITEM	QUESTION	NOW
<p>_____ DAYS</p> <p>_____ DAYS</p> <p>_____ DAYS</p> <p>_____ DAYS</p> <p>_____ DAYS</p> <p>_____ DAYS</p>	<p>12</p>	<p>IF YOU HAVE USED ANY OF THE FOLLOWING SUBSTANCES IN THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU USE THEM?</p> <ul style="list-style-type: none"> ▪ ALCOHOL ▪ ALCOHOL TO INTOXICATION ▪ TOBACCO ▪ MARIJUANA/HASHISH/POT ▪ OTHER ILLEGAL DRUGS (TYPE: _____) ▪ PRESCRIPTIONS DRUGS NOT PRESCRIBED BY YOUR DOCTOR (TYPE: _____) 	<p>_____ DAYS</p> <p>_____ DAYS</p> <p>_____ DAYS</p> <p>_____ DAYS</p> <p>_____ DAYS</p> <p>_____ DAYS</p>

13. IN ONE WEEK, HOW MANY MEALS DO YOU EAT TOGETHER AS A FAMILY? NUMBER _____

14 . HOW MANY SAFE PEOPLE CAN YOU ASK FOR HELP? NUMBER _____

15. HOW OFTEN DO YOU HELP OTHERS IN ONE WEEK? NUMBER _____

16. LIST TWO WAYS YOU NOW USE TO EXPRESS YOUR FEELINGS.

A.

B.

25. LIST TWO "ACTS OF KINDNESS" YOU HAVE DONE:

A.

B.

PLEASE CIRCLE T (TRUE) OR F (FALSE).

1. T F I CAN EXPRESS MY ANGER SAFELY.
2. T F IT IS GOOD TO HAVE HIGH TOLERANCE (BEING ABLE TO DRINK MORE THAN OTHERS WITHOUT SHOWING IT).
3. T F CHEMICAL DEPENDENCY IS A DISEASE.
4. T F WHAT WE EAT AND DRINK AFFECTS OUR BRAIN CHEMISTRY.
5. T F MEN'S AND WOMEN'S BODIES REACT THE SAME TO ALCOHOL.
6. T F BEER, FLAVORED MALT BEVERAGES, WINE, AND HARD LIQUOR ALL CONTAIN THE SAME AMOUNT OF ALCOHOL.
7. T F AS SOON AS AN ALCOHOLIC/DRUG ADDICT STOPS USING ALL THE FAMILY'S PROBLEMS WILL GO AWAY.
8. T F PEOPLE WITH ALCOHOLIC/ADDICTED RELATIVES ARE MORE LIKELY TO BECOME ADDICTED THEMSELVES.
9. T F USING "I" MESSAGES IS AN IMPORTANT FORM OF COMMUNICATION.
10. T F IT IS IMPORTANT TO UNDERSTAND HOW I AM FEELING.
11. T F MARIJUANA USE DOES AFFECT YOUR ABILITY TO LEARN.
12. T F EVERYONE HAS BLACKOUTS.
13. T F THERE ARE LOTS OF OTHER CHILDREN/TEENS JUST LIKE ME WHOSE PARENTS DRINK/USE TOO MUCH.
14. T F I CAN HELP MY PARENT STOP DRINKING, IF I TRY HARD ENOUGH.
15. T F IT HELPS TO TALK TO SOMEONE ABOUT YOUR PROBLEMS
16. T F SOMETIMES CHILDREN/TEENS ACT LIKE NOTHING'S WRONG WHEN THEIR PARENTS DRINK.

THANK YOU FOR YOUR HELP!

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GROUP LEADERS: MAKE COPIES ON COLORED PAPER. AND READ ALL FORMS OUT LOUD WITH THE GROUP.

SATISFACTION QUESTIONNAIRE – 11-17 YRS

DATE: _____ NAME/CODE: _____ LOCATION: _____

CIRCLE: MALE FEMALE HOW OLD ARE YOU? _____ YEARS

FOR THE NEXT QUESTIONS USE THIS SCALE

1= VERY MUCH 2= SOME 3=UNSURE 4=NOT MUCH 5= NOT AT ALL

- 1. HOW MUCH DID THE PROGRAM LEAD TO POSITIVE CHANGE FOR YOUR FAMILY?

1	2	3	4	5
---	---	---	---	---

- 2. WERE YOUR GROUP LEADERS HELPFUL?

1	2	3	4	5
---	---	---	---	---

- 3. DID YOU FEEL SAFE WITH YOUR GROUP LEADERS?

1	2	3	4	5
---	---	---	---	---

- 4. HOW MUCH HAS THIS PROGRAM HELPED YOU UNDERSTAND ALCOHOL AND DRUG ADDICTION?

1	2	3	4	5
---	---	---	---	---

- 5. WHAT ARE THE TWO MOST IMPORTANT THINGS YOU LEARNED FROM THIS PROGRAM? (FOR REST OF QUESTIONS: CONTINUE ON BACK SIDE, AS NEEDED)
 - A.

 - B.

- 6. WHAT IS ONE THING YOU WILL ALWAYS REMEMBER FROM *CELEBRATING FAMILIES!*?

- 7. WHAT WOULD YOU CHANGE ABOUT *CELEBRATING FAMILIES!*?

THANK YOU FOR HELPING!

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**GROUP LEADER CHILDREN & YOUTH (AGES 3-17)
SKILLS OBSERVATION RECORD**

DATE: _____ CHILD'S FIRST NAME/SEX: _____ PARENT'S NAME/CODE: _____ LOCATION: _____

FACILITATOR(S): _____

BEGINNING OF CLASS (RATE PARTICIPANT AFTER ATTENDING 1-2 SESSIONS):

PARTICIPATION: EXCELLENT GOOD FAIR POOR
HOME PRACTICE: EXCELLENT GOOD FAIR POOR

ENDING OF CLASS (RATE PARTICIPANT AFTER ATTENDING SESSION 15 OR 16):

ATTENDED: _____ OUT OF _____ SESSIONS
PARTICIPATION: EXCELLENT GOOD FAIR POOR
HOME PRACTICE: EXCELLENT GOOD FAIR POOR

INSTRUCTIONS: INFORMATION FROM THIS QUESTIONNAIRE IS USED TO RECOMMEND WAYS TO IMPROVE *CELEBRATING FAMILIES!* AND TO SEE HOW FAMILIES IN THE PROGRAM CHANGE. WE WILL ASK ABOUT THE CHILD **WHEN THE PROGRAM** STARTED AND THEN ABOUT **NOW**. FOR SOME OF THE QUESTIONS YOU ARE ASKED TO USE THE FOLLOWING SCALE:

1=NEVER 2=VERY RARELY 3=RARELY 4=HALF THE TIME 5=FREQUENTLY 6=VERY FREQUENTLY 7=ALWAYS

CIRCLE ONE, ANSWERING QUESTIONS AS ACCURATELY AS YOU CAN.

BEFORE PROGRAM	ITEM	QUESTION	NOW
1 2 3 4 5 6 7	1.	CHILD IS ABLE TO ASK FOR HELP.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	2.	CHILD IS ABLE TO HELP OTHERS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	3.	CHILD HAS A SAFE AND CARING PERSON WITH WHOM TO TALK.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	4.	CHILD KNOWS HOW TO SAY "NO" IN UNSAFE SITUATIONS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	5.	CHILD IS ABLE TO CENTER.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	6.	CHILD CAN RESOLVE CONFLICT WITHOUT FIGHTS OR VIOLENCE.	1 2 3 4 5 6 7
1 2 3 4 5 6	7.	CHILD CAN APPROPRIATELY EXPRESS HIS/HER FEELINGS.	1 2 3 4 5 6
1 2 3 4 5 6	8.	CHILD IS LOVING AND AFFECTIONATE WITH PARENTS.	1 2 3 4 5 6
1 2 3 4 5 6 7	9.	CHILD PRACTICES ACTS OF KINDNESS.	1 2 3 4 5 6 7

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BEFORE PROGRAM	ITEM	QUESTION	NOW
1 2 3 4 5 6 7	10.	CHILD IS ABLE TO EXPERIENCE "WOW" MOMENTS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	11.	CHILD KNOWS THAT HE/SHE DID NOT CAUSE HIS/HER PARENT'S PROBLEM WITH ALCOHOL OR OTHER SUBSTANCES.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	12.	CHILD KNOWS HE/SHE IS AT RISK FOR ADDICTION.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	13.	CHILD KNOWS ABOUT THE NEGATIVE CONSEQUENCES OF A PARENTS' ALCOHOL AND OTHER DRUG USE ON CHILDREN.	1 2 3 4 5 6 7
FOR THE QUESTIONS BELOW USE THE FOLLOWING SCALE: Y= YES N= NO DK = DON'T KNOW			
Y N DK	14.	DOES THE CHILD/YOUTH: a. SMOKE CIGARETTES IF YES, AGE AT ONSET _____	Y N DK
Y N DK		b. DRINK SOME ALCOHOL IF YES, AGE AT ONSET _____	Y N DK
Y N DK		c. USE DRUGS. IF YES, AGE AT ONSET _____	Y N DK
	15.	IN THE PAST 30 DAYS, ON HOW MANY DAYS DO YOU THINK THE CHILD USED:	
____ DAYS		• ALCOHOL	____ DAYS
____ DAYS		• ALCOHOL TO INTOXICATION	____ DAYS
____ DAYS		• TOBACCO	____ DAYS
____ DAYS		• MARIJUANA/HASHISH/POT	____ DAYS
____ DAYS		• OTHER ILLEGAL DRUGS (TYPE: _____)	____ DAYS
____ DAYS		• PRESCRIPTION DRUGS NOT PRESCRIBED BY THEIR DOCTOR (TYPE: _____)	____ DAYS

16. WHAT ARE THE TWO MOST IMPORTANT THINGS THE CHILD HAS GAINED FROM THE PROGRAM?

A.

B.

17. DO YOU HAVE ANY SUGGESTIONS FOR IMPROVING THIS PROGRAM FOR CHILDREN?

18. DESCRIBE A MEMORABLE MOMENT FROM *CELEBRATING FAMILIES!* WITH THIS CHILD.

THANK YOU FOR HELPING!

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GROUP LEADERS: MAKE COPIES ON COLORED PAPER AND READ ALL FORMS OUT LOUD WITH THE GROUP.

PARENTING SKILLS SELF ASSESSMENT

THIS SURVEY ASKS YOU TO RATE YOUR PARENTING PRACTICES BEFORE AND AFTER PARTICIPATING IN *CELEBRATING FAMILIES!* TO HELP US TO IMPROVE. ALL ANSWERS ARE STRICTLY CONFIDENTIAL.

DATE: _____ NAME/CODE: _____ M/F: _____ GROUP LOCATION: _____

THINK ABOUT ONE OF YOUR CHILDREN AS YOU COMPLETE THIS SURVEY. FIRST, TELL US **HOW OFTEN** YOU DO THE ACTIVITY WITH YOUR CHILD. THEN TELL US IF YOU DO THE ACTIVITY **LESS OFTEN, MORE OFTEN, OR ABOUT THE SAME** SINCE YOU STARTED *CELEBRATING FAMILIES!*

1. HOW OFTEN DO YOU TALK WITH YOUR CHILD?

EVERY DAY	SEVERAL TIMES A WEEK	ABOUT ONCE A WEEK	LESS THAN ONCE A WEEK	NEVER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. HOW OFTEN DO YOU HOLD OR CUDDLE YOUR CHILD?

EVERY DAY	SEVERAL TIMES A WEEK	ABOUT ONCE A WEEK	LESS THAN ONCE A WEEK	NEVER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. WHEN YOU DISCIPLINE YOUR CHILD, HOW OFTEN DO YOU LOSE CONTROL?

EVERY DAY	SEVERAL TIMES A WEEK	ABOUT ONCE A WEEK	LESS THAN ONCE A WEEK	NEVER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. HOW OFTEN DO YOU READ WITH YOUR CHILD?

EVERY DAY	SEVERAL TIMES A WEEK	ABOUT ONCE A WEEK	LESS THAN ONCE A WEEK	NEVER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. HOW OFTEN DO YOU TEACH YOUR CHILD NEW THINGS?

EVERY DAY	SEVERAL TIMES A WEEK	ABOUT ONCE A WEEK	LESS THAN ONCE A WEEK	NEVER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. HOW OFTEN DO YOU ENCOURAGE YOUR CHILD?

EVERY DAY	SEVERAL TIMES A WEEK	ABOUT ONCE A WEEK	LESS THAN ONCE A WEEK	NEVER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. HOW OFTEN DO YOU PLAY WITH YOUR CHILD?

EVERY DAY	SEVERAL TIMES A WEEK	ABOUT ONCE A WEEK	LESS THAN ONCE A WEEK	NEVER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. IN ONE WEEK, HOW MANY MEALS DO YOU EAT TOGETHER AS A FAMILY?

WRITE THE NUMBER _____

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. HOW MANY SAFE PEOPLE DO YOU HAVE IN YOUR LIFE THAT YOU CAN ASK FOR HELP?

WRITE THE NUMBER _____

IS THIS LESS, MORE OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. HOW OFTEN DO YOU HELP OTHERS IN ONE WEEK?

WRITE THE NUMBER _____

IS THIS LESS OFTEN, MORE OFTEN OR ABOUT THE SAME AS BEFORE YOU STARTED *CF!*?

LESS OFTEN	MORE OFTEN	ABOUT THE SAME	DON'T KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. AS A RESULT OF PARTICIPATING IN *CF!*, I FEEL MORE INFORMED ABOUT HOW TO BE A BETTER PARENT.

STRONGLY DISAGREE	MOSTLY DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	MOSTLY AGREE	STRONGLY AGREE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. LIST TWO WAYS YOU NOW USE TO EXPRESS YOUR FEELINGS.

A.

B.

13. LIST TWO "ACTS OF KINDNESS" YOU HAVE DONE

A.

B.

14. DRUG & ALCOHOL USE (CSAP GRPA)

IN THE PAST 30 DAYS, ON HOW MANY DAYS HAVE YOU USED THE FOLLOWING?

IN THE PAST 30 DAYS, ON HOW MANY DAYS DO YOU THINK YOUR OLDEST CHILD USED THE FOLLOWING?

BEFORE PROGRAM		Now	BEFORE PROGRAM		Now
_____	1. ALCOHOL	_____	_____	1. ALCOHOL	_____
_____	2. ALCOHOL TO INTOXICATION	_____	_____	2. ALCOHOL TO INTOXICATION	_____
_____	3. TOBACCO	_____	_____	3. TOBACCO	_____
_____	4. MARIJUANA/HASHISH/POT	_____	_____	4. MARIJUANA/HASHISH/POT	_____
_____	5. OTHER ILLEGAL DRUGS (TYPE?_____)	_____	_____	5. OTHER ILLEGAL DRUGS (TYPE?_____)	_____
_____	6. PRESCRIPTION DRUGS NOT PRESCRIBED BY YOUR DOCTOR (TYPE?_____)	_____	_____	6. PRESCRIPTION DRUGS NOT PRESCRIBED BY YOUR DOCTOR (TYPE?_____)	_____

THANK YOU VERY MUCH FOR YOUR TIME AND PARTICIPATION.

GROUP LEADERS: MAKE COPIES ON COLORED PAPER AND READ ALL FORMS OUT LOUD WITH THE GROUP.

SATISFACTION QUESTIONNAIRE – PARENTS/CAREGIVERS

DATE: _____ NAME/CODE: _____ M/F: _____

GROUP LOCATION: _____

HOW MANY SESSIONS DID YOU ATTEND? _____

PLEASE RATE HOW MUCH YOU AGREE WITH THE FOLLOWING STATEMENTS REGARDING *CELEBRATING FAMILIES!* CIRCLE ONLY ONE RESPONSE FOR EACH ITEM, USING THE FOLLOWING SCALE:

**1 = STRONGLY DISAGREE 2 = MOSTLY DISAGREE 3 = SLIGHTLY DISAGREE 4 = NEUTRAL
5 = SLIGHTLY AGREE 6 = MOSTLY AGREE 7 = STRONGLY AGREE**

1. I LEARNED USEFUL THINGS THAT I CAN USE AT HOME.	1 2 3 4 5 6 7
2. THE LEADER UNDERSTOOD MY LIFE EXPERIENCES.	1 2 3 4 5 6 7
3. I FELT COMFORTABLE ASKING QUESTIONS.	1 2 3 4 5 6 7
4. I COULD EASILY UNDERSTAND THE MATERIALS.	1 2 3 4 5 6 7
5. I WOULD RECOMMEND <i>CELEBRATING FAMILIES!</i> TO A FRIEND OR RELATIVE.	1 2 3 4 5 6 7
6. WHAT I LEARNED WILL HAVE A LOT OF IMPACT ON ME AND MY FAMILY.	1 2 3 4 5 6 7
7. I WAS SATISFIED WITH MY CHILD'S LEADER.	1 2 3 4 5 6 7

8. HOW DID *CELEBRATING FAMILIES!* HELP YOUR FAMILY DEAL WITH ALCOHOL AND DRUGS?

9. WHAT ARE THE TWO MOST IMPORTANT THINGS YOU LEARNED?

A.

B.

10. WHAT ARE THE TWO MOST IMPORTANT THINGS YOUR CHILDREN LEARNED?

A.

B.

11. WHAT IS ONE THING YOU WILL ALWAYS REMEMBER FROM THE PARENTS/CAREGIVERS GROUP?

12. WHAT IS ONE THING YOU WILL ALWAYS REMEMBER FROM *CELEBRATING FAMILIES!* (OVERALL)?

13. WHAT WOULD YOU CHANGE ABOUT *CELEBRATING FAMILIES!*?

THANK YOU FOR HELPING.

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**GROUP LEADER PARENT/FAMILY
SKILLS OBSERVATION RECORD**

DATE: _____ PARENT/CAREGIVER NAME OR CODE: _____ M/F: _____

LOCATION: _____

FACILITATOR(S): _____

BEGINNING OF CLASS (RATE PARTICIPANT AFTER ATTENDING 1-2 SESSIONS):

PARTICIPATION: EXCELLENT GOOD FAIR POOR

HOME PRACTICE: EXCELLENT GOOD FAIR POOR

ENDING OF CLASS (RATE PARTICIPANT AFTER ATTENDING SESSION 15 OR 16):

ATTENDED: __ OUT OF __ SESSIONS

PARTICIPATION: EXCELLENT GOOD FAIR POOR

HOME PRACTICE: EXCELLENT GOOD FAIR POOR

INSTRUCTIONS: THE INFORMATION FROM THIS QUESTIONNAIRE WILL BE USED TO RECOMMEND WAYS TO IMPROVE *CELEBRATING FAMILIES!* AND TO SEE HOW FAMILIES IN THE PROGRAM CHANGE. WE WILL ASK ABOUT THE FAMILY **WHEN THE PROGRAM STATED** AND THEN ABOUT THE FAMILY **NOW**. FOR SOME OF QUESTIONS YOU ARE ASKED TO RATE THE PARENT(S) OR FAMILY USING THE FOLLOWING SCALE:

1 = NEVER 2 = VERY RARELY 3 = RARELY 4 = HALF THE TIME 5 = FREQUENTLY 6 = VERY FREQUENTLY 7 = ALWAYS

CIRCLE ONE, ANSWERING QUESTIONS AS ACCURATELY AS YOU CAN.

BEFORE PROGRAM	ITEM	QUESTION	NOW
1 2 3 4 5 6 7	1.	PARTICIPANT IS ABLE TO ASK FOR HELP.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	2.	PARTICIPANT IS ABLE TO HELP OTHERS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	3.	PARTICIPANT HAS A SAFE AND CARING PERSON WITH WHOM TO TALK.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	4.	PARTICIPANT KNOWS HOW TO SAY "NO" IN UNSAFE SITUATIONS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	5.	PARTICIPANT IS ABLE TO CENTER.	1 2 3 4 5 6 7

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BEFORE PROGRAM	ITEM	QUESTION	NOW
1 2 3 4 5 6 7	6.	PARTICIPANT CAN RESOLVE CONFLICT WITHOUT FIGHTS OR VIOLENCE.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	7.	PARTICIPANT CAN APPROPRIATELY EXPRESS HIS/HER FEELINGS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	8.	PARTICIPANT IS LOVING AND AFFECTIONATE WITH CHILDREN.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	9.	PARTICIPANT PRACTICES ACTS OF KINDNESS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	10.	PARTICIPANT IS ABLE TO EXPERIENCE "WOW" MOMENTS.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	11.	PARTICIPANT KNOWS THAT ADDICTION AFFECTS EVERYONE IN THE FAMILY.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	12.	PARTICIPANT KNOWS THE RISK OF ADDICTION IN HIS/HER FAMILY.	1 2 3 4 5 6 7
1 2 3 4 5 6 7	13.	PARTICIPANT KNOWS THE NEGATIVE CONSEQUENCES OF HIS/HER ALCOHOL AND OTHER DRUG USE ON THE CHILDREN.	1 2 3 4 5 6 7
		FOR THE QUESTIONS BELOW USE THE FOLLOWING SCALE: Y= YES NO = NO DK = DON'T KNOW	
Y N DK	14.	DOES ANYONE IN THE FAMILY?	Y N DK
Y N DK		d. SMOKE CIGARETTES	Y N DK
Y N DK		e. DRINK SOME ALCOHOL	Y N DK
		f. USE DRUGS.	Y N DK
	15.	IN THE PAST 30 DAYS, ON HOW MANY DAYS DO YOU THINK AN ADULT IN THE FAMILY HAS USED:	
____ DAYS		• ALCOHOL	____ DAYS
____ DAYS		• ALCOHOL TO INTOXICATION	____ DAYS

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___ DAYS		• TOBACCO	___ DAYS
___ DAYS		• MARIJUANA/HASHISH/POT	___ DAYS
___ DAYS		• OTHER ILLEGAL DRUGS (TYPE:_____)	___ DAYS
___ DAYS		• PRESCRIPTION DRUGS NOT PRESCRIBED BY THEIR DOCTOR (TYPE:_____)	___ DAYS

16. WHAT ARE THE TWO MOST IMPORTANT THINGS THE FAMILY GAINED FROM THE PROGRAM?

A.

B.

17. DO YOU HAVE ANY SUGGESTIONS FOR IMPROVING THIS PROGRAM FOR FAMILIES?

18. DESCRIBE A MEMORABLE MOMENT FROM *CELEBRATING FAMILIES!* WITH THIS FAMILY.

THANK YOU FOR HELPING!

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