

Table 1. Evidence Based Programs for Children of Alcoholics and Other Substance Abusers

Program	Format and Content Overview	Evaluation Results	Client profile	Source
Strengthening Families Program (SFP)	Format: Intervention includes entire family, 14-18 2-3 hour sessions in the community. Content: Parents: AOD education, communication skills, and techniques to guide children's behavior. Family: Practice skills through role playing	Randomized controlled trial – Program reduced risk factors such as delinquency, increased resilience, decreased AOD use among children of AOD abusers. Note: Program has been modified for various ethnocultural groups. Minor cultural revisions were more effective than major revisions. 15 replications have had favorable results. SFP is one of NIDA's model prevention programs for AOD abuse.	Originally for at-risk families w/ 6-12 yr. old children. Adaptations have included younger children and teenage as well.	Kumpfer et al., 1996; Review in Price & Emshoff, 1997; 1999
CASASTART	Format: Comprehensive services, with intensive case management. Content: social support, family services, educational services, activities, mentoring, juvenile justice intervention, incentives.	Randomized quasi-experimental evaluation in multiple sites. Results: higher positive peer influences, less association with deviant peers, reduced AOD use. SAMHSA Model Program.	8-13 year old children at-risk. Family substance abuse is one of the 4 risk areas necessary for eligibility	SAMHSA, 2006.
Celebrating Families! (CF!)	Format: Program implemented through Drug Courts; 15 weekly, 90-minute sessions, followed by 30-min structured family activity. Content: various components aiming at fostering resilience, social support, activities, parenting classes, anger management, refusal skills, AOD education, providing recovery resources for parents, etc.	Early evaluation results (purposive sample, 78 parents: study demonstrated that Celebrating Families had 72% reunification rates, where standard services had 37% reunification rates (Quittan, 2004). Another evaluation (Jrapko, et al., 2003) showed increases in knowledge about AOD and its impact on the family, healthy living skills, and parental reports of improvements in their children's' coping skills, decision making and ability to positively express feelings.	Families affected by parental substance abuse through CJ involvement, separate age-appropriate groups (adolescent, pre-adolescent, children, parents).	Quittan, 2004; Jrapko, et al., 2003; Review in NAIARC, 2005.
Stress Management and Alcohol Awareness Program (SMAPP)	Format: 8 week, school-based competency-building group intervention. Content: building self-esteem, alcohol education, coping skills. Later, a 'personal trainer' component was added, where someone met with children once weekly to reinforce skills learned in program.	Used randomized delayed-treatment control group - 9-11 year old COAs more likely than nonparticipant COAs to display increased knowledge, social support, and emotion-focused coping behavior. Increased problem-solving and social competence reported by teachers. No difference in outcome for groups who received personal trainer component vs. those who did not. Unintended effect: significantly more participants believed alcohol can reduce tension.	Elementary school COAs	Short et al. 1995; Review in Price & Emshoff, 1997; 1999.
Students Together and Resourceful (STAR)	Format: Group school-based intervention. Content: Alcohol education and effects on family, increase social competence skills (problem-solving, decision making, stress management, and alcohol refusal).	Randomized wait-list control design comparing participants with nonparticipant COAs over time. Results: participants established stronger social relationships, sense of control, improved self-concept, increases in number of friends and perceived social support. Decreased loneliness and depression.	Children 11-14 with substance abuse in family	Emshoff, 1990, Review in Price & Emshoff, 1997; 1999
Cambridge and Sommerville Program for Alcoholism Rehabilitation	Format: As part of comprehensive treatment program, COA service sessions provided by staff in school and community settings and by peer leaders in after-school sessions. Content: Basic family & alcohol education and coping skills. COA-specific groups and basic open group.	Comparison of COAs in COA-specific group with COAs and non-COAs in basic open groups. COA-specific groups resulted in more COAs being willing to discuss problems and feelings than COAs and non-COAs in basic groups. More COAs in basic group drank less compared with COAs in COA-specific group or non-COAs in basic group.	High school students; Open to all children, but COA-specific groups also used.	DiCicco et al., 1984; Davis, et al., 1994; Review in Price & Emshoff, 1997; 1999
	Format: Group format, either self-help or psychotherapy. Content: Alcohol prevention information and social support.	Randomized clinical trial with quasi experimental design comparing psychotherapy, self-help, and control – Both psychotherapy and self-help were effective in decreasing depression compared to control.	College aged children of alcoholics	Kuhns, 1997
Constructivist Program of Prevention (Spanish study)	Format: Autobiographic group based on constructive activities and the life story. Eight sections applied in two sessions. Content: Positive and negative experiences, family, AOD, critics, decision making & problem solving.	Pre-post test. All group members increased their self-concept, locus of control, and self esteem.	9 teenage COAs, 14-16 yrs old, 2 females and 7 males in Spain	Izquierdo, 2001

Children of Drug Abusers and Alcoholics	Format: Two 12 week components, one each for families and children. Content: Small group activities including art and play therapy. Family interaction group once a week with parent	Results showed increased competence and improved behavior measured by Child Behavior Checklist. However, this was only a pre-post design with no control group.	4-10 year old at-risk children living with parent/guardian who abuses substances	Springer, et al., 1992; Review in Emshoff & Price, 1999.
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- Parts of this table were adapted from Price & Emshoff, 1997 and a review of the relevant literature.

Few programs that can be considered truly 'evidence-based' have been evaluated, and there are relatively few programs in use that specifically target children of alcoholics/substance users rather than the general youth population or children determined to be 'at-risk' based on various criteria. In a recent review of prevention programs for children of problem drinkers, Cujipers (2005) expressed similar views on the lack of demonstrated effectiveness for prevention interventions targeting children of substance users. One exception is the Strengthening Families Program which uses a holistic model to treat the whole family. Intervention evaluations are limited by several factors which include small sample size, non randomized design, lack of adequate controls or comparison groups, and follow-up intervals which may be too short to capture true program effects over time. A number of programs have been evaluated which seemed to utilize sound theoretical and clinical frameworks, but were shown to be ineffective (see for example Scheer, 1996 and Gross & McCaul, 1992). Additionally, the few published outcome studies in existence are generally dated, indicating a need for more evaluation research in this area. There are numerous ethical and practical issues in designing, implementing, and evaluating programs for children of substance users. Some of these issues are discussed in the following sources which explore various facets of children of alcoholics and substance users: Kumpfer (1999), Markowitz (2004); Williams (1990); Emshoff and Anyan (1991); Johnson and Leff (1999); Price and Emshoff (1997); and Cujipers (2005).

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