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Divider Title: IA

Bureau of Indian Affairs
Office of Indian Education Programs

1849 C Street, NW/MS-3512 MIB
Washington, DC 20240
Telephone: (202) 208- 3601
Fax: (202)- 219- 9583

Date: 3/28/97

To: Pauline Abernathy

Fax: 456-7028

2 page(s) total, including this cover sheet

From: Lana Shaughnessy

Notes: Please provide format example if the attached is not acceptable.

United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
Washington, D.C. 20240

IN REPLY REFER TO:

TAKE PRIDE IN AMERICA

Early Childhood Resources List

* BIA FACE Overview Video, 1995. This video provides an overview of the FACE program, how the model was developed and the role of each service provider.

* FACE - The Facts, 1997. This booklet provides basic information on the FACE program. Each of the 22 projects are listed with contacts, addresses, telephone numbers, and numbers of families served.

* Kaleidoscope for Learning, 1996. This booklet highlights success, innovative programs implemented in Bureau funded schools including the FACE program..

* 1997 Fingertip Facts. This booklet provides information about all programs provided by the Bureau of Indian Affairs, Office of Indian Education Programs.

* American Indian Education News. This is a quarterly newsletter which highlights school activities and current educational reform topics.

All of these documents are developed and produced by the Bureau of Indian Affairs, Office of Indian Education Programs. The booklets are updated annually. The newsletter is produced quarterly. Copies of all of the above are available by contacting Lana Shaughnessy on 202-208-3601.

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Divider Title: EPA

March 25, 1997

MEMORANDUM FOR PAULINE ABERNATHY, NEC

FROM: MELISSA BONNEY AND STEPHANIE CUTTER, EPA

SUBJECT: ANNOUNCEMENTS ON CHILDREN'S HEALTH AND THE ENVIRONMENT

As we discussed, below are several announcements that the President, Vice President, First Lady or Administrator could make on children's health and the environment. If you would like to pursue any of the ideas listed below, please give either of us a call at 202/260-9828.

1) Executive Order to Protect Children from Environmental Health Threats

Last August, in Kalamazoo, MI, President Clinton committed to protect the health of children from increasingly pervasive environmental health threats. To fulfill this commitment, the President or Vice President could announce an Executive Order on Children's Environmental Health and Safety. EPA is working with White House offices and other agencies to craft this Executive Order, which would:

- Require health and safety regulations and standards to take into account the unique risks faced by children from environmental threats.
- Coordinate research and initiatives across the government concerning children's health.

The Executive Order could be ready to be released as early as next week.

2) Family Right-to-Know Legislation and Consumer Information Labels

To deliver on his commitment to expand every citizens's right-to-know about local pollution, the President could challenge Congress to pass legislation that would provide consumer information labels to families warning of any unique health risks to children from products containing toxic chemicals.

The NEC, DPC and CEQ have hosted substantial inter-agency discussions of EPA's proposal, which we believe could be ready to announce in the next three weeks.

3) Protecting Urban Children from Lead Poisoning and Contaminated Fish

Last August, in Kalamazoo, MI, the President also committed to provide improved information for families on toxics. Children living in urban areas are more heavily exposed to lead and contaminated fish from polluted waters because of increased levels of industrial activity. EPA is pursuing a number of administrative steps to ensure that parents living in urban areas have access to information about lead poisoning and contaminated fish. With this information, parents

can take action to solve environmental problems in their community and protect the health and safety of infants and small children.

The President, Vice President, First Lady or Administrator could visit a city in the next couple of weeks, such as Baltimore or Newark, where EPA is successfully working with families to inform them about local toxic threats to their children.

4) **Protecting Children from Carcinogens, Neurotoxins and Reproductive Toxins**

Children are more heavily exposed and vulnerable to these three classes of toxics than adults. To protect children against cancer, birth defects, developmental delays, neurotoxicity and reproductive impairment caused by environmental chemicals, EPA has proposed two actions:

- Expand the program of toxic tests that takes into account the special vulnerabilities of young children.
- Enhance research to help characterize and address the toxic effects of environmental chemicals on children's early development.

In the weeks following the White House Conference on Early Childhood Development and Learning, the Administrator could announce that EPA will convene a conference of experts in September to assess current rising trends of childhood cancer and its relationship to the environment.

5) **Protecting Children from Secondhand Smoke**

Infants and young children whose parents smoke are among the most seriously affected by exposure to environmental tobacco smoke, or second hand smoke, which is a carcinogen and presents significant health risks to children. Children are at increased risk of lower respiratory tract infections such as pneumonia and bronchitis. A 1992 EPA risk assessment found that second hand smoke is responsible for between 150,000 -300,000 lower respiratory tract infections in infants and children under 18 months of age annually and results in 7,500 - 15,000 hospitalizations each year. EPA is proposing to:

- Collaborate with other federal agencies and departments to educate and encourage parents to reduce their children's exposure to second hand smoke.
- Develop a media campaign on second hand smoke and children in cooperation with leading children and medical agencies and groups, such as Centers for Disease Control and the American Medical Association.

Following the White House Conference on Early Childhood Development and Learning, the Administrator could announce the kick-off of this campaign.

6) **Review of Existing Public Health Standards to More Adequately Protect Children**

This summer, the Administrator will propose a public review n agency-wide review of existing public health standards -- including drinking water and air standards -- to select five standards that should be changed to more fully consider health effects on children. This announcement, which would follow the White House Conference on Early Childhood Development and Learning, would demonstrate the Administration's continued commitment to protect children from environmental health threats.

cc: Nicole Rabner, Office of the First Lady

FROM THE OFFICE OF ANN BROWN
CHAIRMAN

U.S. CONSUMER PRODUCT SAFETY COMMISSION
4330 EAST WEST HIGHWAY
BETHESDA, MD 20814

Office: 301-504-0213
Facsimile: 301-504-0768

Please deliver the following fax to:

Name: Carrie Filak

Organization: DPC

Fax Number: 202/ 456-7028

Date _____ *Number of Pages + cover sheet* _____

From: Barbara Rosenfeld

Telephone: _____

Message: Resource materials

_____

_____

NOTE: If all pages are not received, or if you have any problems with this transmittal, please contact the person listed above.

United States
CONSUMER PRODUCT SAFETY COMMISSION
Washington, D.C. 20207

MEMORANDUM

DATE: March 27, 1997

TO : Pauline Abernathy
Domestic Policy Council

FROM : Barbara B. Rosenfeld
Senior Advisor to the Chairman

SUBJECT: Materials for White House Early childhood packet or resource list

For packet

The material we suggest for packet is:

Baby Safety Checklist

I know you have several copies of this already, so I will not send any more unless I hear from you. (301) 504-0213.

For resource list

The materials we suggest for resource list are on the attached Publication Ordering Information sheet.

Attachment

PART FOUR: Attachments

Publication Ordering Information

From the U.S. Consumer Product Safety Commission (CPSC)

Your organization can order up to five copies of the *How-to Kit* and up to ~~50~~ 100 copies each of the other materials listed below. Complete this form and send it to CPSC at the address shown. Be sure to include your name and address. Allow at least two weeks for delivery.

Title	Item Number	Quantity
Baby Safety Checklist Growth Chart*	CPSC 206 (Eng.)	_____
Baby Safety Checklist Growth Chart*	CPSC 206S (Span.)	_____
Baby Safety Shower How-to Kit*	CPSC 207	_____ (up to 5)
Tips for your Baby's Safety	CPSC 200 (Eng.)	_____
Tips for Your Baby's Safety	CPSC 200S (Span.)	_____
Protect Your Child	CPSC 241	_____
The Super Sitter	CPSC 243	_____
Think Toy Safety Coloring Book (English and Spanish)	CPSC 283	_____

* Available over the Internet at http://www.cpsc.gov

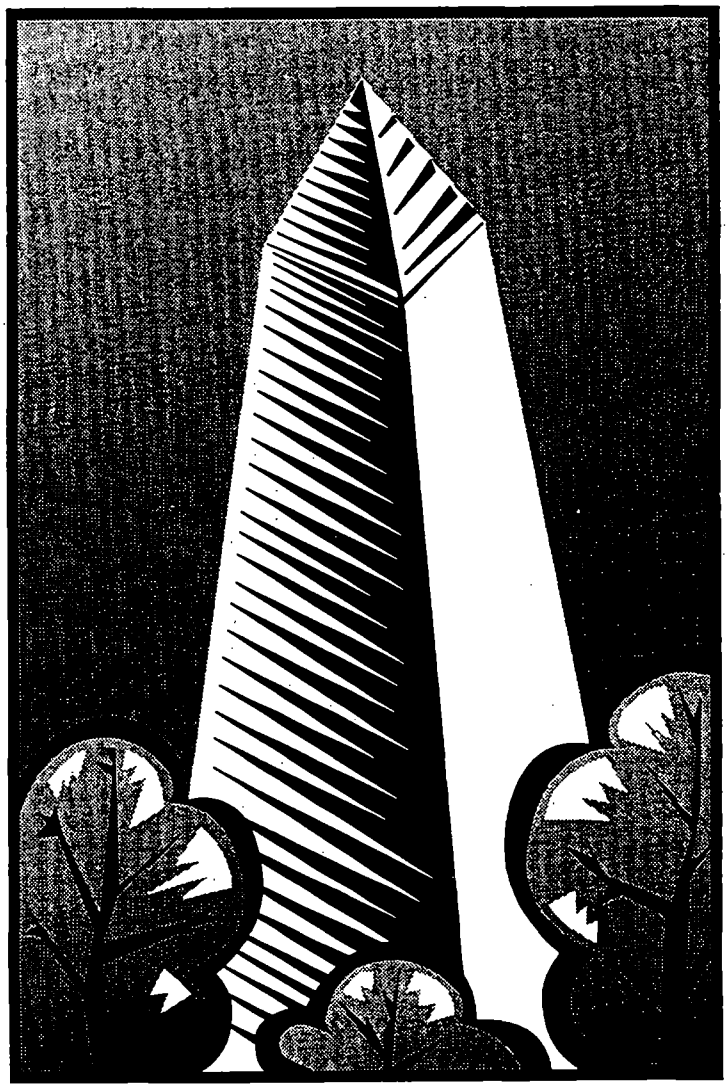
Mailing Address

Publication Request
U.S. Consumer Product Safety Commission
Washington, DC 20207

OJJDP & UNIVERSITY OF UTAH

3rd National Training Conference On

STRENGTHENING AMERICA'S FAMILIES



Showcase of Model Family Programs for Delinquency Prevention

March 23-25, 1997
Westin Washington D.C. City Center
Washington D.C.

THE WHITE HOUSE
WASHINGTON

March 23, 1997

Dear Friends:

Thank you for inviting me to attend the "Strengthening America's Families" conference. Although I am unable to attend, I am pleased to have this opportunity to send greetings to each of you.

I am grateful for individuals like you who are committed to protecting and promoting the well-being of our nation's children and families. Your dedication not only improves the quality of life for the child, but strengthens the family and community as well. I encourage your continued dedication to improving the lives of America's children and families. It is my hope that your efforts inspire individuals throughout the country to nurture and support the youngest and most vulnerable in our society.

Please accept my best wishes for an enjoyable and productive conference.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE VICE PRESIDENT
WASHINGTON

March 23, 1997

Strengthening America's Families
Westin Washington D.C. City Center
Washington, D.C.

Dear Friends:

I am pleased to have this opportunity to extend my personal greetings to everyone associated with the Office of Juvenile Justice and Delinquency Prevention and the University of Utah as you participate in the national conference, *Strengthening America's Families*. While I regret that I am unable to join you in person, I would like to offer my best wishes to each of you.

Certainly, this conference presents an excellent opportunity to exchange ideas regarding the prevention of childhood problems and juvenile delinquency. This Administration is dedicated to supporting America's families, and I appreciate your efforts to create family strengthening programs. I am confident that each of you will continue to have a positive impact on all those around you.

Again, please accept my best wishes for a productive and successful event.

Sincerely,

Al Gore

AG/evk

U.S. Department of Justice

Office of Justice Programs

Office of Juvenile Justice and Delinquency Prevention

Office of the Administrator

Washington, D.C. 20531

March 23, 1997

Dear Conference Participants:

On behalf of the Office of Juvenile Justice and Delinquency Prevention, I welcome you to Strengthening America's Families, the third national training conference on effective parenting and family programs. The research conclusively demonstrates the critical role of families in preventing delinquency and childhood problems that can lead to later criminality and violent behavior. The purpose of this conference is to help practitioners identify effective and promising family strengthening programs appropriate for use in their communities. Presented here are those exemplary programs that met rigorous review criteria, including research results in reducing actual delinquency or precursors of delinquency, as well as programs that are promising in approach but do not yet have rigorous evaluation results. You will have the opportunity to learn about each program's goals and objectives, essential components, delivery methodology, and research results.

This conference is part of a larger training and technical assistance initiative designed to assist communities nationwide in building a system of supports to strengthen and preserve families, and to ensure children and youth healthy and safe environments. As a participant, you can apply for additional, more intensive training to be offered next year on one or more of the model programs.

We firmly believe that strengthening the ability of families to raise happy and law abiding children is key to preventing delinquency. Clearly, you also are committed to supporting those caring for children. We expect you will learn much of value and hope that you enjoy this conference and the opportunity to meet other equally committed people. If I or my staff can be of any further assistance, please do not hesitate to call us. Thank you for coming and making this conference successful. It is your dedication to this important family strengthening effort that makes the difference.

Sincerely,

Shay Bilchik
Administrator

Sunday, March 23, 1997

10:00 am - 7:00 pm **Conference Registration** — **Vista Ballroom Foyer**

Master of Ceremonies: *Maria Elena Orrego, M.A., Washington Laision, Family Resource Coalition*

Plenary Session — **Vista Ballroom**

1:00 **Opening Comments:** *Karol Kumpfer, Ph.D.*
Welcome: *Shay Bilchik, Administrator, OJJDP*

1:20 **Family Strengthening for Delinquency Prevention**
Kevin Wright, Ph.D., State University of New York

1:45 **National Search and Principles of Effective Programs**
Karol Kumpfer, Ph.D., University of Utah

2:10 **Parent/Provider Partnership Panel**
Facilitator: Maria Elena V. Orrego, M.A.
Healthy Families Indiana
Michelle Heitkamp (parent representative)
Susie Thompson (program representative)
Parents Anonymous
Mickey Hartshorn (parent representative)
Teresa Rafael (program representative)
Families and Schools Together
Florence Shorter (parent representative)
Nura Green (program representative)

2:45-3:00 Break — **Ballroom Foyer**

3:00 **Cultural Competency and Program Implementation** — **Vista Ballroom**
Jose Szapocznik, Ph.D., University of Miami, Center for Family Studies
Joyce Thomas, R.N., M.P.H., Center for Child Protection and and Family Support, Inc., Washington D.C.

4:00-5:30 **Program Fair** (27 Programs) — **Monticello Ballroom**

5:30-6:30 **Reception** — **Vista Ballroom C**
Light Hors d'oeuvres; Entertainment Provided by the
Suitland High School Concert Choir. Director, Julie Anderson
Cost: $15.00 per person

11:45-1:15	Lunch on your own	
1:15-2:45	**Program Training Workshops**	
0-5 YRS	**Prenatal & Early Childhood Nurse Home Visitation Program** *(Family In-Home Support) Ruth O'Brien, Ph.D., Denver, CO*	**Ashlawn North**
4-7 YRS	**Raising a Thinking Child: I Can Problem Solve Program for Families** *(Parent Training) Myrna Shure, Ph.D., Philadelphia, PA Kathryn Healey, Ph.D., Swarthmore, PA*	**Vista Ballroom B**
3-18 YRS	**Strengthening Multi-Ethnic Families and Communities** *(Parent Training) Marilyn Steele, Ph.D., Los Angeles, CA Patricia Mouton, M.A., Seattle, WA*	**Vista Ballroom C**
0-18 YRS	**Project SEEK** *(Comprehensive) Carol Burton, Flint, MI*	**Woodlawn**
10-18 YRS	**Multisystemic Therapy Program** *(Comprehensive) Marshall Swenson, Ph.D., Charleston, SC*	**West Room**
0-18 YRS	**Homebuilders** *(Comprehensive) Shelly Leavitt, Ph.D., Tacoma, WA*	**East Room**
2:45-3:00	Break	**Vista Ballroom Foyer**
3:00-4:30	**Program Training Workshops**	
3-5 YRS	**Home Instruction Program for Preschool Youngsters (HIPPY)** *(Family In-Home Support) Barbara Gilkey, Little Rock, AK Alice Smothers, J.D., & Wanda Roundtree, New York, NY*	**East Room**
8-14 YRS	**Preparing for the Drug Free Years** *(Parent Training) Kevin Haggerty, M.S.W., Seattle, WA*	**West Room**
11-14 YRS	**Families and Schools Together (FAST)** *(Comprehensive) Lynn McDonald, Ph.D., Madison, WI*	**Ashlawn North**
1-18 YRS	**Nurturing Parenting Program** *(Family Skills Training) Steven Bavolek, Ph.D., Park City, UT*	**Vista Ballroom C**
0-18 YRS	**Parents Anonymous** *(Comprehensive) Teresa Rafael, M.S.W., Seattle, WA; Juanita Chavez, M.S.W., Los Angeles, CA & Mickey Hartshorn, Portland, OR*	**Woodlawn**
6-18 YRS	**Parenting Adolescents Wisely** *(Parent Training) Don Gordon, Ph.D., Athens, OH*	**Vista Ballroom B**

Kevin Wright, Ph.D., having survived the throes of his children's adolescence, has recently become an "empty nester". His daughter, April, works for the Smithsonian Museum for Natural History in Washington, D.C. and is studying Art History at the University of Maryland. His son, Will, is a freshman at Hamilton College in Clinton, New York. Kevin feels that parenting has been the most challenging, yet rewarding, event in his life, and is experiencing the pangs of passing out of that life stage. Wright, along with his wife, Karen, is the author of the widely disseminated OJJDP publication, Family Life, Delinquency, and Crime: A Policymaker's Guide. His research has been funded by the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Justice, and the U.S. Department of Health and Human Services. He is the author of four books and thirty-five articles that have been published in professional journals. Dr. Wright is currently on sabbatical from Binghamton University where he is Professor of Criminal Justice in the School of Education and Human Development. He is devoting his leave to a study of children who grow up without love.

Karol L. Kumpfer, Ph.D., is a Psychologist and an Associate Professor at the University of Utah with 25 years of experience in substance abuse treatment and prevention research. She presents widely at national and international conferences and has published extensively on school, community and family-focused substance abuse prevention. She developed the 14-session Strengthening Families Program, a substance abuse prevention program for families. Recently, she has served on Initial Review Groups for the National Institute on Drug Abuse (NIDA) and the Center for Substance Abuse Prevention (CSAP) as well as the CSAP Technical Expert Group for Evaluation. She co-chaired the CSAP PEPS Expert Panel on the Family. Dr. Kumpfer is the Project Director of the Office of Juvenile Justice and Delinquency Prevention funded Strengthening America's Families Project.

Jose Szapocznik, Ph.D., is Director for the Center for Family Studies, and a Professor of Psychiatry & Behavioral Sciences at the University of Miami School of Medicine. For his ground breaking work over the past two decades in family-based interventions with minority populations, Dr. Szapocznik has received considerable recognition, including: in 1983, appointment of his Center as a Collaborating Center of Excellence by the World Health Organization; in 1989, Academic Achievement Award from the Association of Hispanic Mental Health Professionals; in 1990, the Outstanding Research Publication Award from the American Association for Marriage and Family Therapy; in 1991, the Distinguished Professional Contributions to Public Service Award from the American Psychological Association; in 1993, the Distinguished Contributions Award from the American Family Therapy Academy; and in 1996, the Carolyn Atteneave Award for Diversity in Family Psychology from the APA. Dr. Szapocznik's program at the University of Miami has been referred to as the major systemic program of treatment research with minority families in the nation. He is a renowned scientist and consultant in family-based interventions with minority populations, both nationally and internationally, and has over 100 professional publications.

Joyce. N. Thomas, R.N., M.P.H., is a national and international specialist on all aspects of child maltreatment and is the Co-Founder and President of the Center for Child Protection and Family Support, Inc. of Washington D.C. Ms. Thomas is the former staff Director of the Prevention Committee for the White House Conference for a Drug Free America. She is a recognized expert in cultural competency and ethnic minority concerns in the field of victimization. She has served as Project Director for numerous grants and contracts which addressed the issues of cross-cultural concerns and she is the Director of the Child Abuse and Neglect: People of Color Institute, and the training project, "Drug Abuse, Child Abuse: Implications for Family Preservation and Family Support." She is the recipient of numerous awards including the T. Barry Brazelton Lecture Award from the Association for the Care of Children's Health and the American Professional Society on the Abuse of Children Award for Outstanding Service to the Society.

Congressional staffers and an advocate for juvenile justice who have specific interests in programs to strengthen families have been invited to participate in conference sessions and to formulate questions to ask of conference presenters who are experts in this field of work. The responses of the experts may have policy implications for potential legislation. This is a unique method of legislator and constituent interaction used in Australia to better inform their government representatives. All three panelists will also address methods for effectively influencing or impacting legislation in order to achieve the ultimate goal of strengthening families.

Facilitator:

Kevin Wright, Ph.D., is Professor of Criminal Justice in the School of Education and Human Development at Binghamton University in New York. He is currently on sabbatical and is devoting his leave to a study of children who grow up without love. Wright, along with his wife, Karen, is the author of the widely disseminated OJJDP publication, Family Life, Delinquency, and Crime: A Policymaker's Guide. His research has been funded by the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Justice, and the U.S. Department of Health and Human Services. He is the author of four books and thirty-five articles that ha ve been published in professional journals.

Distinguished Guests:

Marion Mattingly has over 20 years of extensive involvement in national and state policy development and implementation, particularly in the fields of juvenile and criminal justice, delinquency prevention, human services, drug abuse prevention, education and the family. She has expertise in securing passage of legislation, obtaining funding and monitoring programs. In addition, she has been honored with numerous awards including a commendation for "National Standing as a Leader for Reforming the Juvenile Justice System" by the National Council on Crime and Delinquency. She is currently the Washington Editor for Juvenile Justice Update.

Mark Davis has been Legislative Director and Legal Counsel for Representative Frank Riggs, Republican from California's First Congressional District, since the 104th Congress. He supervises all legislative operations for Mr. Riggs, who is Chairman of the House Subcommittee of Early Childhood, Youth and Families. Mark served as Director of Congressional Affairs for the Federal Election Commission, and as Legislative Counsel for the Justice Department's Law Enforcement Assistance Administration. He played a major role in enactment and subsequent reauthorization of the Juvenile Justice and Delinquency Prevention Act.

Deborah Harris has worked with both public and private non-profit organizations serving youth and families for the last 9 years. She has spent 5 of the 9 years as Director of FOCUS, a non-profit agency whose goal is to prevent delinquency and promote positive youth development. While at FOCUS, she developed several new programs including a job development program for juveniles and a Court Appointed Special Advocate (CASA) program. She left FOCUS to start a CASA program in her home country. For the last three Years, she has been employed as Director of Franklin County Department of Youth Services. Her current duties include: coordinating community planning for youth services; coordinating development of new services; coordinating community use of several funding streams which are targeted to serve youth and families; coordinating several multi-disciplinary teams which serve youth and families; Project Director and supervisor for the Family Support Program, a delinquency prevention program funded by Title V OJJDP funds.
Outside of work, she enjoys softball, family camping and outdoor activities, and is also a member of the local Search and Rescue Team.

Robin Delany-Shabazz has nearly 25 years experience in management and planning, issues analysis, research, marketing, communications and advocacy work. She holds a Masters of Applied Anthropology and is concerned with the promotion of peace and family and community development issues. She is the mother of two children -- Ayesha, who is 13, and Che, who is three.

Ms. Delany-Shabazz works as a program manager in the Training and Technical Assistance Division of the Department of Justice's Office of Juvenile Justice and Delinquency (OJJDP). There she manages a number of cooperative agreements designed to develop and improve the response of communities and court systems nationwide to child abuse and neglect. She also assists OJJDP in efforts to increase conflict resolution and family support programs nationwide and to redress the disproportionate confinement of minority youths in juvenile facilities.

She is a past associate of the Cultural Systems Analysis Group, a research and technical assistance unit at the University of Maryland that does applied research on urban issues. Ms. Delany-Shabazz has designed and conducted an ethnographic study for the Corporation for National Service of one of its '94 Summer of Safety programs and has consulted to The Center for Youth Development and Policy Research at the Academy for Educational Development on its youth development/ violence prevention initiative with Westchester County, NY. She was also associate director of Advocates for Youth, a national nonprofit organization that promotes the healthy development of youth to prevent HIV/STD infection and pregnancy among teens.

MaryLee Allen is the Director of the Child Welfare and Mental Health Division for the Children's Defense Fund (CDF), and in that role has primary responsibility for CDF's programmatic and policy work in the areas of family support, family preservation and a range of other services and supports for vulnerable children and families. Ms. Allen has played a leadership role in the development, passage, and implementation of major child welfare and children's mental health reforms over the past decade and currently co-chairs with the Child Welfare League of America a coalition of national child welfare, mental health, and juvenile justice organizations seeking to improve services for abused and neglected children and others with special needs. She testifies frequently before the Congress and works regularly with state and local advocates across the country who are implementing programs to address the needs of vulnerable children and families. She is the co-author of two major CDF reports, Helping Children by Strengthening Families: A Look at Family Support Programs and Children Without Homes, as well as numerous articles and presentations. She also co-authored, with staff at the Center for the Study of Social Policy, A Guide for Planning: Making Strategic Use of the Family Preservation and Support Services Program.

Special Thanks to Our Washington, D.C. Co-Sponsors

Major Conference Co-Sponsors:

Center for Child Protection and Family Support, Inc., - Washington, D.C. is a private, non-profit agency founded in 1987 by two child protection professionals, Joyce N. Thomas, R.N., M.P.H., P.N.P. and Carl Rogers, Ph.D. Located in Washington D.C. the Center's mission is to prevent and intervene early in child maltreatment by strengthening families, focusing especially on disadvantaged, urban, predominantly ethnic/minority areas.

Center for the Improvement of Child Caring (CICC) - Studio City, California is a non-profit community service, research and training organization. CICC was founded in 1974 and is currently directed by noted psychologist, Dr. Kerby T. Alvy. Based on a solid organizational history and foundation, CICC is uniquely positioned to assist parents in becoming more effective and humane, and to support the instructors who strengthen America's families.

Conference Co-Sponsors:

Arkansas State HIPPY Program - Little Rock, AR

Bethesda Family Services Foundation - West Milton, PA

Center for Family Studies - Miami, FL

Family Development Resources - Park City, UT

Functional Family Therapy - Salt Lake City, UT

Home Base Program: Family Service League - Huntington, NY

Iowa State University Social and Behavioral Research Center for Rural Health/Center for Family Research in Rural Mental Health - Ames, IA

MELD - Minneapolis, MN

National Council of Juvenile & Family Court Judges - Reno, NV

OJJDP National Training and Technical Assistance Center - Champaign, IL

Parents Anonymous, Inc. - Claremont, CA

Prevention Research Center - Denver, CO

Raising A Thinking Child: I Can Problem Solve Program for Families (ICPS) - Philadelphia, PA

Prosocial Alternatives (ICPS Training) - Swarthmore, PA

The conference is supported by grant no. 95-JN-FX-KO10 awarded by the Office Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

Minalee Saks, Executive Director
3875 Kincaid St., Rm. #15
Eugene, OR 97405
(541) 484-5316

Birth To Three is a nationally recognized community-based parent education program designed for a broad range of parents with infants and young children. Their primary goal is to strengthen families, ensure the well-being of children and help prevent child abuse. This is accomplished through parent education, peer support groups and support services.

Within this program there are groups for parents with different needs (e.g., parents of newborns, toddlers, teen parents, parents who are highly stressed, and parents whose primary language is Spanish.). In the Infant Program, a parent educator facilitates a 10 session, five month parenting confidence curriculum that covers birth experiences, stress/anger management, early childhood development, adult relationships, health and safety, parenting strategies, group agreements, play and learning, baby massage, and child care issues. Other programs available include: The Toddler Series, and Teen Parents (age 12-21) Make Parenting a Pleasure (ages 0-10). Make Parenting a Pleasure is based on a curriculum developed by Birth To Three where parents learn practical stress management and communication skills, gain greater understanding of their child, learn effective parenting skills and positive approaches to discipline, and build a support network. This curriculum for highly stressed parents of young children is being disseminated nationally.

The Birth To Three Infant Program uses pre-and post-questionnaires to assess parenting knowledge, social support systems, parental stress, and program satisfaction. Self-report data suggests that 95% learned new parenting skills, 94% learned about child development, 93% got support and understanding for their feelings, and 81% learned positive ways of discipline.

The preliminary evaluation for Make Parenting A Pleasure showed a reduction of parent stressors on the Parenting Stress Inventory (PSI), and reduction of problems in the family, as well as reduction on the abuse, stress and rigidity scales on the Child Abuse Potential
Inventory (CAPI).

This program was showcased at the Salt Lake City, Conference.

Roberta Karant, Ph.D.
790 Park Avenue
Huntington, NY 11743
(516) 854-9199

Home Base is designed to deliver wraparound services to families and provide coordinated, community based services and supports to children with emotional and behavioral disabilities and their families. The primary goal is to prevent residential placements of these children and to return children already in care home sooner than otherwise possible.

Individualized care plans are developed for families with attention to specific family needs and existing family strengths and abilities. Objectives are: 1) to focus on strengths and partnership, 2) to create an appropriate level of intensity using the natural environment and wrapping services around a child, 3) to create a range of non residential and residential services, 4) to ensure new expectations of professional behavior and shape definitions of appropriate agendas, 5) to establish a mandate to ensure that children receive appropriate mental health services. The population served ranges in age from 5 to 18 years old who are classified severely emotionally disabled. Many clients are also learning disabled. Over half of the children are on probation.

The parent training program consists of six 2 hour sessions focusing on behavior modification. It is an intensive program entitled Parenting Skills Training designed to work effectively with emotionally disturbed children. The basis of this model is the ABC model: Antecedent, Behavior, Consequence. Participants learn to pinpoint behavior, adjust antecedents, and reinforce consequences. Parents learn to handle crises, to build communication skills, and set limits. Meetings with families vary according to specific needs (about 1 hour, at the family's convenience). In-home alcohol and substance abuse counseling is provided. Parent Advocates work with parents and teach them how to interact with their children. Peer Advocates work with children encouraging them to utilize prosocial skills and educate them about drugs and alcoholism. Peer advocates are typically young adults with an emotional history similar to the case child. School liaisons work with the school to provide the best possible educational program for clients.

Since the program' inception in 1994, 70 children and their families have been served. Home Base Program has prevented residential placement for 80% of their case children. The program has grown three-fold in the two years of operation. They are presently in the process of developing evaluation instruments. Qualitative data highlight the success of the program.

About the Presenter:

Roberta Karant, Ph.D. received her doctorate at SUNY, Stony Brook in sociology in 1993. Before directing Family Service League's Children & Families First Home Base/Home Safe Programs, she worked with sexually and physically abused children and their families and considers herself to be a professional advocate for children. She was asked to create and develop the Home Base Program in 1994. Roberta has been teaching at SUNY, Stony Brook since 1983 and in addition to her position at Home Base, she is currently faculty director of the Langgmuir Human and Sexual Development Program at Stony Brook University. In addition, Roberta was one of the two individuals in Suffolk County to be trained by Cornell University to teach the Family Development Credentialing Program to frontline workers through the county.

Lynn McDonald, Ph.D.
11770 West Lake Park Drive
Milwaukee, WI 53224
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FAST is a collaborative early intervention/prevention program for middle school youth, ages 11-14, who are at-risk for alcohol and other drug abuse, school failure, and juvenile delinquency. FAST was first started for elementary-aged children in 1988 by Dr. Lynn McDonald and Family Service of Madison, Wisconsin. It is currently a program of Family Service America with major support provided by the Dewitt Wallace Reader's Digest Fund. FAST is a model program recognized by the U.S. Department of Education, U.S. Department of Health and Human Service, U.S. Office of Juvenile Justice and Delinquency Prevention, Harvard University, United Way of America, and the Family Resource Coalition.

FAST develops a structure whereby both the youth and his/her parents have a respected voice and a valued role in the collaborative prevention process. FAST develops separate support networks for the youth and for their parents, using a multi-family format and brings the parent and youth together for communicative encounters. The program builds multiple levels of protective factors against school failure, violence, delinquency, and substance abuse.

Whole families participate in 10 weekly sessions of carefully orchestrated, fun, research-based activities. Following the sessions, they participate for two years in monthly family self-help meetings called FASTWORKS.

Results after 10 weeks show statistically significant improvements in classroom behaviors, home behaviors, and self-esteem of the youth and also in family closeness. After six months, these gains are maintained and there is increased parent involvement in school, increased parent self-sufficiency, and decreased social isolation. FAST improves student behavior and supports family strength through a well-defined collaboration between parents, the school, a local mental health agency, a local provider of substance abuse prevention and intervention services, a youth advocate, and a youth partner.

About the Presenter:

Lynn McDonald, M.S.W., is a clinical supervisor for the American Association of Marriage and Family Therapists. She served on the faculty of University of Wisconsin-Madison School of Social Work for 12 Years, and has published 30 articles, and five co-edited or co-authored books and training manuals. She began at Family Service Madison a private not-for-profit agency and now works out of Family Service America to disseminate FAST thanks to the DeWitt-Wallace Foundation Grant.

Deborah S. Harris, Project Director
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The mission of this program, which utilizes case management services, is to reduce juvenile delinquency by reducing barriers to services in the community. The intermediate goal is to provide support services to at-risk middle school students and their families to increase school attendance, have fewer and/or less severe school disciplinary referrals and improve grade point average. Other objectives include; having at least 40 families voluntarily participants each year, ensuring service to each family that participates, increasing the use of community resources, participation at family support workshops, and maintenance of an Aftercare Plan for families with continuing community support systems. The project targets students in grades 6, 7 and 8 with poor academic performance, high absenteeism rates, disciplinary or behavior problems and/or those with identified family dysfunction.

Case management services concentrate on identifying family needs and issues and developing and implementing plans to address those needs. Coordinators meet with the families to setup an Individual Family Service Plan which strives to help families develop. After-school groups for the youth are made up of a study/tutoring session to help improve study skills and academic needs, and therapeutic processes including group discussion, games, or activities to improve self-esteem. Coordinators also meet with youth individually to concentrate on issues or needs identified by the students. Workshops for parents and other family members are held about 4 times a year to address risk factors in the family arena. Emphasis is placed on interactive learning as opposed to "lectures", and also on providing practical skills as opposed to "theory".

The Family Support Program has a written evaluation plan including process, outcome and impact. They have just completed their first full year of program operations and have almost completed compiling their evaluation data and analysis. Key components they will report on include reviewing court records, school absences, grade averages, number of families meeting their goals, use of community resources and other information.

About the Presenter:

Deborah Harris has worked with both public and private non-profit organizations serving youth and families for the last 9 years. She has spent 5 of the 9 years as Director of FOCUS, a non-profit agency whose goal is to prevent delinquency and promote positive youth development. While at FOCUS, she developed several new programs including a job development program for juveniles and a Court Appointed Special Advocate (CASA) program. She left FOCUS to start a CASA program in her home country. For the last three Years, she has been employed as Director of Franklin County Department of Youth Services. Her current duties include: coordinating community planning for youth services; coordinating development of new services; coordinating community use of several funding streams which are targeted to serve youth and families; coordinating several multi-disciplinary teams which serve youth and families; Project Director and supervisor for the Family Support Program, a delinquency prevention program funded by Title V OJJDP funds. Outside of work, she enjoys softball, family camping and outdoor activities, and is also a member of the local Search and Rescue Team.

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Focus on Families is designed for families with parents who are addicted to drugs. The program is most appropriate for parents enrolled in methadone treatment who have children between the ages of 3 and 14 years of age. Parents are encouraged to have at least 90 days of methadone treatment prior to beginning the program.

As a result of Focus on Families, parents are expected to have less risk for relapse, to be better skilled to cope with relapse incidents, and to have decreased drug use episodes. Parents objectives are to increase family management skills, anger management skills, refusal and problem solving skills, ability to teach these skills to their children, and the ability to assist their children with academic success. Children will experience less exposure to risk factors and more exposure to protective factors, with the ultimate result being decreased participation in drug use and delinquent behavior.

Eligible families participate in a five hour "family retreat" where families learn about the curriculum, identify their goals, and participate together in trust-building activities. The first session is followed by 32 curriculum sessions (90 minutes each), conducted twice weekly for 16 weeks. Parent sessions are conducted in the mornings, with practice sessions held in the evenings for parents and children together. Content covered includes Family Goal Setting; Relapse Prevention; Family Communication Skills; Family Management Skills; Creating Family Expectations about drugs and alcohol; Teaching Skills to Children; Helping Children Succeed in School. Parent sessions, follow-up, and home-based care management are provided by Masters level therapists.

Parent outcomes showed experimental parents, at all time points for all skill measures (problem solving, self efficacy, social support, family factors, etc.) had significantly higher scores than control group parents and displayed greater self-efficacy than controls at each of the three follow-up time points. At the 6-month follow-up, there were small differences in the number of family meetings favoring experimental families. At the 12-month follow-up, there was a trend level difference, indicating that experimental parents had fewer deviant peers than controls. At 12 month follow-up parents in the experimental group reported a 65% reduction in heroin use frequency compared to control group and were 6 times less likely to use cocaine in the last month than control group parents. Child outcomes showed no statistically significant differences between experimental and control children in the areas of drug use or delinquency, the direction of differences favored the experimental group in all but one of the comparisons made in these two areas.

This program was showcased at the Salt Lake City, Conference.

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The Health Start parenting programs are an outgrowth of the agency's prenatal and pediatric services. Risk factors that indicate a need for services in the Partnership Project include: negative feelings about the pregnancy, limited support, personal history of maltreatment and/or out-of-home placement, conflicts including abuse by a partner/spouse, social isolation, economic stress, unmet personal needs and /or chaotic family systems.

Women are enrolled in late pregnancy or as early postpartum as possible. The Partnership program works with cohorts of 8-12 women with infants born within a few months of each other. Partnership clients meet every other week, with home visits on alternate weeks, for about two years. The CARES group is always open to new members. Enrolled children range in age from newborn to five years and families "graduate" when the last drug-exposed child is enrolled in kindergarten. CARES groups meet weekly, with medical care and lunch provided on site. Transportation is provided for all groups.

The program design is rooted in attachment theory and includes three essential components: home visits, support and education groups, and medical care. The overall goal of the project is to foster secure mother-infant attachments by encouraging responsive parenting. This is accomplished through efforts to help mothers understand child development, form realistic expectations, learn to respond to infant cues, gain perspective on their own childhood issues and their role as a parent, and find and learn to use social support.

Following the initial project, data for intervention mothers was compared with baseline data for clients with similar prenatal risk-scores and with a control group. The control group was matched for age, race, marital status, and scores on prenatal risk assessment as well as intervention criteria that further assessed psycho-social risks. A comparison of abuse/neglect rates among the three groups examined found a baseline rate of 16%, a control group rate of 30% and an intervention rate of 8%. Because 50% of women enrolled in the first intervention became pregnant again within 12 months, this issue was addressed in subsequent projects. This was reduced to 12% who became pregnant again within a year after the birth of the first child and 21% within 18 months. In addition, all children who remained with the project until its completion were fully immunized by 30 months of age or were up to date on immunizations at the time the project ended.

About the Presenter:

Gloria Ferguson, B.A. has Child Abuse Prevention Studies Certificate from University of Minnesota. She has been a health educator for Health Start since 1984. She divides her time between working with adolescents in the Health Start school based clinics and working with young women and adults at risk for parenting problems in mother-child interventions.

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The "Helping the Noncompliant Child" parent training program by Forehand and McMahon, (1981) is based on a parent training program originally developed by Dr. Constance Hanf. The long-term goals of the parent training program are: secondary prevention of serious conduct problems in preschool and early elementary school-aged children and the primary prevention of subsequent juvenile delinquency. Short-term and intermediate objectives include: a) disruption of coercive styles of parent-child interaction and establishment of positive, prosocial interaction patterns, b) improved parenting skills, c) increased child prosocial behaviors and decreased conduct problem behaviors. The program is designed for parents and their 3-8 year old children with noncompliance and/or other conduct problems. It has also been used with other high risk populations of children and parents.

Sessions are typically conducted with individual families rather than in groups. Parents and children participate in weekly 60-90 minute sessions (average number of sessions is 10). The program consists of a series of parenting skills designed to help the parent break out of the coercive cycle of interaction with the child by increasing positive attention for appropriate child behavior, ignoring minor inappropriate behaviors, providing clear instructions to the child, and providing appropriate consequences for compliance (positive attention) and noncompliance (time out). Skills are taught using extensive demonstration, role plays, and direct practice with the child in the training setting and at home. Progression from one skill to the next is based upon demonstrated proficiency.

Extensive research has demonstrated effectiveness of this program in helping children successfully adapt. Short-term effectiveness and setting generalization from the clinic to the home have been demonstrated for both parent and child behaviors as well as parents' perceptions of their children. Child compliance and inappropriate behavior have been shown to improve to within the "normal" range by the end of training. Long-term follow-ups up to 11-14 years after training support the effectiveness of the program. High parental satisfaction with the program has been documented.

About the Presenter:

Nicholas Long, Ph.D. is an Associate Professor of Pediatrics and Director of Pediatric Psychology at the University of Arkansas for Medical Sciences and Arkansas Children's Hospital. He is also Director of the Harvey and Bernice Jones Center for Effective Parenting. The primary focus of his clinical and research activities is in the area of parenting. He is the author of over 50 publications and has made several hundred presentations. Dr. Long is a co-author with Dr. Rex Forehand of the book Parenting The Strong-Willed Child: The Clinically Proven Five-Week Program for Parents of Two- to Six Year Olds published by Contemporary Books. This book for parents based on the Helping the Noncompliant Child program.

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The HOMEBUILDERS Program is one of the best documented Family Preservation Programs in the country. The program is designed to break the cycle of family dysfunction by preventing foster care, residential and other forms of out-of-home placement, and strengthening the family. The program goals include improving family functioning; increasing social support; increasing parenting skills; improving school and job attendance and performance; improving household living conditions; establishing daily routines; improving adult and child self-esteem; helping clients become self-directed; and enhancing motivation for change while decreasing family violence. The program is designed for the most seriously troubled families, who are referred by a number of child service agencies. Populations served include newborns to teenagers.

The program includes 4-6 weeks of intensive, in-home services to children and families. A practitioner provides both counseling and hard services, spends an average of 8-10 hours per week in direct contact with the family, and is on call 24 hours a day, seven days a week for crisis intervention. The program utilizes a single practitioner model with a team back-up for co-therapy and consultation. Teaching strategies involve modeling, descriptions of skills and behaviors, role plays and rehearsals of newly acquired skills. Teaching tools include skills-based video- and audio-tapes, work books, handouts, articles and exercises. Therapeutic processes used are skills building, behavioral intervention, motivational interviewing, relapse prevention, rational emotive therapy, and other cognitive strategies.

HOMEBUILDERS has been evaluated both formally and informally since it began in 1974. Results from studies using single group and quasi-experimental designs have shown repeated positive findings favoring HOMEBUILDERS on a variety of measures focusing on placement prevention as well as child and family functioning.

About the Presenter:

Shelley Leavitt, Ph.D., is the Director of Training at Behavioral Sciences Institute. Prior to joining BSI in 1985, she designed and evaluated training and dissemination materials for children and families at Father Flanagan's Boys Home. She is the author of Active Parenting, Helping Kids Make Friends, and numerous articles on parenting and family preservation. Dr. Leavitt received her Master's degree from Boston University and her Ph.D. in Developmental Child Psychology at the University of Kansas. She has provided training and consultation on intensive family preservation services throughout the country.

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The Iowa Strengthening Families Program (ISFP) resulted from an adaption of the Strengthening Families Program (SFP), originally developed at the University of Utah. The long range goal for the ISFP is reduced substance use and behavior problems during adolescence. Intermediate objectives include improved skills in nurturing and child management by parents, and improved interpersonal and personal competencies among youth, and prosocial skills in youth. The program primarily serves families with 10-14 year olds living in rural areas who are at risk for behavior problems and substance abuse. Parents at all educational levels are targeted. Printed materials for parents are written at an 8th grade level. A new version of the ISFP for multi-ethnic families in urban areas will be available by summer 1997.

The ISFP has seven two hour sessions for parents and youth, who each attend separate skill-building groups for the first hour and spend the second hour together in supervised family activities. Youth sessions focus on strengthening goal setting, dealing with stress and strong emotion, communication skills, increasing responsible behavior, and improving skills to deal with peer pressure. Parents discuss parents' their potential positive influence on their youth, youth developmental characteristics, nurturing, effective child management and clarifying beliefs and expectations about substance use. Families identify family strengths and values and learn how to conduct family meetings to teach responsibility, solve problems, and plan fun activities. All parent sessions use videotapes portraying prosocial behaviors and skills.

A controlled, longitudinal study is underway. Thirty-three schools were randomly assigned to three conditions: (1) ISFP, (2) Preparing for the Drug Free Years, and (3) a minimal contact control condition. Initial analyses focused on immediate, session-specific parenting outcomes. Parents reported significant positive changes in their attitudes, beliefs and knowledge about concepts taught in ISFP. Subsequent intervention and control group comparisions showed significantly improved intervention-targeted parenting behaviors which, in turn, were strongly associated with general child management and parent-child affective quality. Preliminary analyses of self-reported child outcomes (peer resistance, affiliation with antisocial peers' problem behaviors) have demonstrated positive outcomes at a one year follow up assessment.

About the Presenters:

Richard Spoth, Ph.D., Director of Project Family, is a research scientist and project director for prevention programming and research at the Social and Behavioral Research Center for Rural Health. Currently, his primary research interests include prevention of substance abuse and other adolescent problem behaviors in rural families, strategies for enhancing participation in preventive interventions, and needs assessments for prevention services. Recent publications in family-focused journals such as the *Journal of Marriage and the Family* and the *Journal of Family Psychology*, reflect his current focus.

Virginia Molgaard, Ph.D., is Associate Professor in the Department of Human Development and Family Studies at Iowa State University where she received her Ph.D. in Family Environment. She has served as State Family Life Specialist for the past 12 years for the Cooperative Extension Service. In that role she has developed curricula on topics such as building self esteem in youth and families, dealing effectively with stress, balancing work and family and building strong families. She has been involved in a NIDA funded project to test a preventive intervention for families, designed to reduce the risk of adolescent substance abuse and other behavior problems.

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Multisystemic therapy (MST) is an intensive family-based treatment that addresses the known determinants of serious antisocial behavior in adolescents and their families. As such, MST treats those factors in the youth's environment that are contributing to his or her behavior problems. Such factors might pertain to individual characteristics of the youth (e.g., poor problem solving skills), family relations (e.g., inept discipline), peer relations (e.g., association with deviant peers), and school performance (e.g., academic difficulties). On a highly individualized basis, treatment goals are developed in collaboration with the family, and family strengths are used as levers for therapeutic change. Specific interventions used in MST are based on the best of the empirically validated treatment approaches such as cognitive behavior therapy and the pragmatic family therapies. The primary goals of MST are to reduce rates of antisocial behavior in the adolescent, reduce out-of-home placements, and empower families to resolve future difficulties.

Several programmatic features are crucial to the success of MST. First, use of the family preservation model of service delivery (i.e., low caseloads, home-based services, time limited duration of treatment) removes barriers of access to care and provides the high level of intensity needed to successfully treat youths presenting serious clinical problems and their multi-need families. Second, the philosophy of MST holds service providers accountable for engaging the family in treatment and for removing barriers to successful outcomes. Such accountability clearly promotes retention in treatment and attainment of the treatment goals. Third, outcomes are evaluated continuously, and the overriding goal of supervision is to facilitate the clinicians' attempts to attain favorable outcomes. Fourth, MST programs place great emphasis on maintaining treatment integrity, and as such, considerable resources are devoted to therapist training, ongoing clinical consultation, and service system consultation.

Rigorous evaluation is a hallmark of MST. Well designed randomized clinical trials with chronic and violent juvenile offenders have demonstrated the capacity of MST to reduce long-term rates of criminal activity, incarceration, and concomitant costs. Other randomized trials have demonstrated that favorable outcomes are linked to therapist adherence to the MST treatment protocol. Current studies have examined or are examining the effectiveness of MST in treating a variety of serious clinical problems, and are evaluating variables that predict the successful dissemination of MST, and are assessing the clinical and cost effectiveness of an MST-based continuum of care.

About the Presenter:

Marshall E. Swenson, M.S.W., MBA received his M.S.W. in Clinical Social Work from the University of Arkansas at Little Rock in 1978, and his MBA from Centenary College of Shreveport, Louisiana in 1987. He currently serves as Senior MST Consultant for Multisystemic Therapy Services, Inc. In addition, he is a Clinical Instructor at the Medical University of South Carolina, Department of Psychiatry, Family Services Research Center. His previous experience includes administrator of a day treatment program, state coordinator of a community revitalization program, school social worker, group home social worker, half-way house administrator, case management supervisor in an institutional setting, foster parent recruiter/trainer, institutional placement specialist and welfare social worker.

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The Nurturing Parenting Programs are validated, family-centered programs designed to build nurturing skills as alternatives to abusive parenting and child rearing attitudes and practices. The ultimate outcomes are to stop the generational cycle of child abuse by building nurturing parenting skills; reduce the rate of recidivism; reduce the rate of juvenile delinquency and alcohol abuse; and lower the rate of multipara teenage pregnancies.

Based on a re-parenting philosophy, parents and children attend separate groups that meet concurrently with cognitive and affective activities designed to build self-awareness, positive self-concept/self-esteem and empathy, to teach alternatives to yelling and hitting, enhance family communication and awareness of needs, replace abusive behavior with nurturing, promote healthy physical and emotional development and teach appropriate role and developmental expectations.

Thirteen different programs address specific age groups (infants, school-aged and teens), cultures (Hispanic, South East Asian, African American), and needs (special learning needs, families in alcohol recovery). Group based sessions run from 2 to 3 hours once a week for 12 to 45 weeks. Programs can be implemented in group or home sites. The program includes parenting skills and self-nurturing activities, home practice exercises, family nurturing time, and infant/toddler/preschooler activities and a family hug. The program is designed for all families at risk for abuse and neglect, with children 0-19 years old. In addition, the program has been adapted for Hmong, Hispanic and African American families.

The initial Nurturing Program for Parents and Children 4-12 Years has been extensively field tested. The research included 121 abusive adults and 150 abused child. Significant increases were found in parenting attitudes of both parents and children; Personality characteristics of both parents and children; and Family Interaction Patterns. The subsequent development and validation of additional Nurturing Programs have shown similar results. Participants show significant pre-post changes in parenting attitudes and child rearing practices.

About the Presenter:

Stephen J. Bavolek, Ph.D., President of Family Development Resources, Inc. and Executive Director of the Family Nurturing Center, is recognized for his work in promoting nurturing parenting attitudes and skills for the prevention and treatment of child abuse and neglect. He is the principal author of the Nurturing Programs and the Adult Adolescent Parenting Inventory. Dr. Bavolek's professional background includes working with emotionally disturbed children and adolescents in schools and residential settings, and abused children and abusive parents in treatment programs. Dr. Bavolek has received numerous international, national, state, and local awards for his work.

Teresa Rafael, M.S.W., Vice President of Programs
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Dedicated to strengthening families through mutual support, Parents anonymous, Inc. is the nation's oldest and largest child abuse prevention, education and treatment program. Meeting weekly with other parents and a trained facilitator, parents learn to use appropriate resources and to build supportive, positive peer relationships for themselves and their children. Parents Anonymous welcomes any parent or adult in a parenting role who feels stress and concern about their parenting ability and seeks support, information and training. Complementary children's programs are offered concurrently with the parent groups.

The Parents Anonymous group model is based on the belief that parents are the most effective agents of their own change and the model builds on the strengths of parents who attend. Parents Anonymous principles of shared leadership, mutual support and personal responsibility have contributed to the success of the program. In addition, the model incorporates the theories of adult learning styles, group dynamics and psychological development. Weekly two-hour groups are co-led by a parent group leader and a volunteer facilitator. Parents determine the agenda at the beginning of each meeting. The topics covered are pertinent and of immediate value to those in attendance. Basic parenting skills such as communication and discipline are discussed at every meeting. Group members offer 24 hour support to parents when they experience stress or crises. Children's program activities help children gain skills in conflict resolution, appropriate peer interactions, identifying and communicating thoughts and emotions, and increasing self-esteem.

Parents Anonymous has been independently evaluated and when compared to 11 other programs has been found to be most successful in parent satisfaction, child welfare outcome and cost effectiveness. Another study found an almost immediate decrease in reported frequency of physical abuse. Parents developed feelings of competence in their parenting role and ability to deal with stress. Length of time in the program was significantly correlated to increased self esteem, reduced social isolation and increased members' knowledge about children's behavior and development.

About the Presenters:

Teresa Rafael, M.S.W., has been actively involved in the growth of Parents Anonymous since 1978. As the Vice President of Programs for Parents Anonymous, Inc., Teresa provides leadership in the Parent Partnership Training and Consultation Services and in Child Welfare System Reform activities. She also has oversight responsibilities for the development and implementation of other national program initiatives, technical assistance and training, and organizational capacity building throughout the Parents Anonymous National Network. From 1990-1994, Teresa was Regional Vice-President of Children's Home Society of Washington.

Juanita Chavez, A.C.S.W., M.S.W., provides training and support to the Parents Anonymous (PA) National Network of affiliated organizations and holds primary responsibility for all PA programs in California. Prior to joining the staff of PA, Ms. Chavez was the Field Education Consultant for the Inter-University Consortium on Child Welfare, where she developed and implemented an independent living program for early adolescents who were permanently placed in foster care. She also has worked in battered-women shelters and with children whose parents attended a court-mandated counseling program.

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Preparing for the Drug Free Years (PDFY) is a program for parents of children in grades 4 through 8 and seeks to reduce drug abuse and behavioral problems in adolescents by increasing parents skills to reduce risks that could contribute to drug abuse. Parents also learn principles of the social development strategy to strengthen family bonding. As a result, families build protection against risk. PDFY is designed for use before children begin experimenting with drugs. The program focuses on family relations, family management practices, and family conflict resolution.

PDFY incorporates both behavioral skills training and communication-centered approaches to parent training. Two volunteer workshop leaders, ideally one leader is a parent, deliver the program in five two-hour sessions or ten one-hour sessions. Parents learn to increase their children's opportunities for family involvement, teach skills needed and provide reinforcement and appropriate consequences for behavior. Discussions include the nature of the problem, how to reduce risks by strengthening family bonds, how to conduct family meetings and foster family communication, establishing a family position on drugs, identifying and establishing positive reinforcement and appropriate negative consequences, reinforcing a child's refusal skills, how to express and manage anger constructively, how to increase children's participation in the family and how to create a parent support network.

An evaluation in rural Iowa employing an experimental, longitudinal design showed significant overall improvement on intervention-targeted parenting behaviors, general child management and parent-child affective quality for both parents in the intervention group. Preliminary results are also available from an experimental study with follow-up assessments also involving rural Iowa. Among parents assigned to the PDFY curriculum, intervention-targeted parenting behaviors showed significant improvements for both mothers and fathers.

About the Presenter:

Kevin Haggerty, M.S.W., brings extensive clinical and research background to his presentations. As clinical director of several family prevention research projects he has a "hands on" understanding of issues related to the implementation of family focused prevention interventions. Mr. Haggerty is a national trainer for the Preparing for the Drug Free Years curriculum. In addition, he is the project director for the Focus on Families research project, a drug prevention intervention for families with parents in methadone treatment.

Myrna Shure, Ph.D.
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The focus of this program is on developing a set of interpersonal cognitive problem solving skills that relate to overt behaviors as early as preschool. By enhancing ICPS skills, the ultimate goal is to increase the probability of preventing later, more serious problems by addressing the behavioral predictors early in life. In addition to behavioral outcomes, the parent intervention is designed to help parents use a problem solving style of communication that guides young children to think for themselves. The program was originally designed for mothers or legal guardians of African-American, low-income four-year-olds. The program now includes parents of children up to age seven and has been expanded to include middle and upper-middle income populations in the normal behavioral range as well as those displaying early high-risk behaviors. These include those diagnosed with ADHD and other special needs.

The program takes ten to twelve week sessions to complete, although a minimum of six weeks is sufficient to convey the approach. The first section focuses on learning a problem solving vocabulary in the form of games. The second section concentrates on teaching children how to listen. It also teaches them how to identify their own and other's feelings, and to realize that people can feel different ways about the same thing. In the last section children are given hypothetical problems and are asked to think about people's feelings, consequences to their acts, and different ways to solve problems. During the program parents are given exercises to help them think about their own feelings and become sensitive to those of their children. Parents also learn how to find out their child's view of the problem and how to engage their child in the process of problem solving.

One pilot study was done as well as two hypothesis-testing studies including a three-year follow up, and two qualitative service evaluations by staff of mental health associations. Over a hundred low-income African-American mothers and their four-year-olds participated in the research. All of the children were relatively normal with varying degrees of high-risk behaviors. Significant improvements were found in alternative solution thinking, consequential thinking and high-risk behaviors both in school and at home.

About the Presenters:

Myrna B. Shure, Ph.D. is a professor in the department of Clinical and Health Psychology at Allegheny University (formerly Medical College of PA and Hahnemann). She is author or coauthor of 4 books, the award-winning I Can Problem Solve (ICPS) programs for schools, and most recently, Raising a Thinking Child, Raising a Thinking Child Audio, and Raising a Thinking Child Workbook, which bring her I Can Problem Solve programs into the home. Dr. Shure is also consultant to ProSocial Alternatives, national certification training for ICPS.

Kathryn Healey is a psychologist and Associate Professor in the Institute for Graduate Clinical Psychology at Widener University in Chester, PA. Her publications include work with the learning disabled, mildly retarded, foster care and middle school students in social problem solving and coping intervention skills. She also has a private psychotherapy practice.

Kathryn participated in coordinating the initial research and training and continues to provide consultation in ICPS programs at many school districts, community and mental health agencies. She teaches ICPS throughout the country and consults with institutions in designing their ICPS programs. Current work includes a three year statewide implementation of ICPS for the Delaware Head Start Programs. Kathryn also consults and trains for National Mental Health Association and the National Head Start Association partnership.

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Strengthening Hawai'i Families (SHF) is a cultural values-based primary prevention program that was developed by the Coalition For A Drug-Free Hawaii, SHF seeks to reduce and ultimately prevent such problems as substance abuse, domestic violence, and gang involvement by reducing risk factors and increasing resiliency factors in both the community and the family.

SHF provides the tools and the process for elementary-school aged youth (aged 5 to 12) and their families to build on existing family strengths. The 20-session curriculum emphasizes values clarification, family relationships, and communication skills to allow families to discover for themselves what will work best based on their values and vision. Trained facilitators work with families to cover the following topics: connecting with on another, caring words, generational continuity, culture, communication, honesty, choice, trust, anger, problem-solving, decision-making, and stress management.

SHF has been shown to have a positive impact on the families that participated. The University of Hawaii Social Welfare Evaluation and Research Unit (SWERU) found significant improvement in family cohesion, family organization, and family communication; and a significant decrease in family conflict as well as decrease in parental depression. These findings relate to our goal to decrease risk factors and to increase resiliency/protective factors in youth and their families. Follow-up research done by SMS, Inc, to determine the long-term impacts of participation found that past participants reported better relationships among family members, a clearer understanding of parental roles, more awareness of children's needs, improved behaviors for children, and general improvement in communication skills for all family members. Participants also remarked on the amount of bonding and fellowship that accompanied each SHF session.

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(305) 243-4592

In 1975, the Spanish Family Guidance Center (a component of the Center for Family Studies) adopted Brief Structural/Strategic Family Therapy (BSFT) as its core approach (Szapocznik and Kurtines, 1989). One Person Family Therapy, Family Effectiveness Training, Bicultural Effectiveness Training, Structural Ecosystems Therapy and Structural Ecosystems Prevention have all been developed based on the BSFT model. The therapy evolved from a program with Cuban-American families with drug abusing and behavior problem youth, and is currently applied to families from other Hispanic-American groups and African-American families. Structural Ecosystems Therapy, which is an ecosystem version of BSFT is currently being applied and tested in the treatment of families of African-American HIV+ women and caregivers of patients with Alzheimer's disease, in addition to drug abusing youth.

Therapy is tailored to each specific family and delivered to individual families, sometimes in their homes. A basic premise of BSFT is that one important factor giving rise to symptoms such as substance abuse are families' maladaptive ways of relating. Therapists seek to change these maladaptive interaction patterns by choreographing family interactions in session in order to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions). Therapists are trained to assess and facilitate healthy family interactions based on cultural norms of the family being helped.
BSFT has been rigorously evaluated in a number of studies with experimental designs. The approaches have been found to be effective in improving youth behavior, reducing recidivism among youthful offenders, and in improving family relationships.

About the Presenter:

Jose Szapocznik, Ph.D., is Director for the Center for Family Studies, and a Professor of Psychiatry & Behavioral Sciences at the University of Miami School of Medicine. For his ground breaking work over the past two decades in family-based interventions with minority populations, Dr. Szapocznik has received considerable recognition, including: in 1983, Appt. Of his Center as a Collaborating Center of Excellence by the World Health Organization; in 1989, Academic Achievement Award from the Association of Hispanic Mental Health Professionals; in 1990, the Outstanding Research Publication Award from the American Association for Marriage and Family Therapy; in 1991, the Distinguished Professional Contributions to Public Service Award from the American Psychological Association; in 1993, the Distinguished Contributions Award from the American Family Therapy Academy; and in 1996, the Carolyn Atteneave Award for Diversity in Family Psychology from the APA. Dr. Szapocznik's program at the University of Miami has been referred to as the major systemic program of treatment research with minority families in the nation. He is a renowned scientist and consultant in family-based interventions with minority populations, both nationally and internationally, and has over 100 professional publications.

Parents And Children Training Series: The Incredible Years

Parent Training

Comprehensive programs designed to strengthen parenting competence and reduce young children's behavior problems.

Carolyn Webster-Stratton
University of Washington
1411 8th Avenue West
Seattle, WA 98119 (206) 285-7565

Designed as prevention/intervention programs for parents of children ages 3-8 years. Short term objectives are to strengthen parenting competencies by training parents in positive communication and child-directed play skills, consistent and clear limit setting, nonviolent discipline strategies, how to teach their children to problem solve, anger management and how to collaborate successfully with teachers. The objectives for the children are to strengthen social competence, reduce behavior problems, and increase positive interactions with peers, adults and parents.

The **Basic Parents and Children Series** is offered to parents in groups to foster support, problem-solving and self-management. Groups meet for approximately 11-14 weeks to complete the curriculum(2 hours once a week). The advanced series takes an additional 6-8 sessions. The basic series covers topics such as: Play, Helping Children Learn, The Value of Praise and Encouragement, The Use of Incentives to Motivate Children, Effective Limit Setting, and Handling Misbehavior. Trained leaders show groups of parents the real-life videotape situations of parents and children and encourage discussion and problem-solving. **The Advanced Series** covers topics such as: Effective Communication, Anger Management, Problem Solving and Family Meetings and Ways to Give and Get Support.

The **Child Training Series**, known as the "Dinosaur Curriculum" dovetails with the parent training series and takes 22 weeks to complete. The series covers topics such as Learning Rules, Empathy Training, Problem-Solving, Anger Management, How to Make Friends, Manners and How to be Successful in School. The tapes are narrated by child-size puppets making use of fantasy, role play and cooperative activities to illustrate concepts. The **Teacher Training Series** can be conducted in 4-day workshops which may be offered sequentially or once a month. The topics cover: The Importance of Teacher Attention, Praise and Encouragement, Motivating Students through Incentives, Preventing Problems, Decreasing Inappropriate Behavior in the Classroom and Building Positive Relationships with Difficult Children.

The Basic and Advanced Parent Training Series and the Child Training Series have been researched and extensively field tested in randomized trials over the past 15 years with over 800 families with young children who have aggressive behavior problems. The Parent Training Series has also been evaluated with over 500 high risk Head Start families as a prevention program. Results indicate that parents and teachers were able to significantly reduce children's problem behaviors and increase positive behavior.

Training in this program leads to certification as a group leader. Therapeutic group process emphasizes cultural sensitivity and strategies such as collaboration, empowerment, reframing, self-management, ways to give and get support, changing negative self-talk and "principle-training."

About the Presenter:

Carolyn Webster-Stratton., Ph.D., R.N., F.A.A.N., is a Professor and Director of the Parenting Clinic in the Department of Parent and Child Nursing, at the University of Washington. She is a nurse-practitioner and licensed clinical psychologist who has worked with over 800 families with behavior problem children. She has published numerous scientific articles evaluating video-based parenting programs. In addition, she authored *The Incredible Years: A Trouble-shooting Guide for Parents* (1992) and more recently a book for professionals entitled, *Troubled Families -- Problem Children* by Wiley Press, 1994. She is the recipient of the National Institute of Mental Health's prestigious research scientist award.

Strengthening America's Families

Program Matrix

	Universal (General Population)	Selected (High Risk Population)	Indicated (In-Crisis Population)
0-5 (age)	**HIPPY** - New York, NY **MELD** - Minneapolis, MN **First Step** - Cannon, City, CO **Birth To Three** - Eugene, OR	**Health Start** - St. Paul, MN **I Can Problem Solve** - Philadelphia, PA **Prenatal and Early Childhood Nurse Home Visitation Program** - Denver, CO **Healthy Families America-Indiana** Indianapolis, IN	**CEDEN-Healthy and Fair Start** Austin, TX
6-10 (age)	**Preparing for the Drug Free Years** - Seattle, WA	**Strengthening Families Program** Salt Lake City, UT **Parents and Childrens Training Series** Seattle, WA **Strengthening Hawaii Families** Honolulu, HI	**Helping the Noncompliant Child** Seattle, WA **Focus on Families** Seattle, WA
11-18 (age)	**Iowa Strengthening Families Program for families with Pre- and Early Teens** Ames, IA	**FAST** Madison, WI **Families in Focus** Salt Lake City, UT **Family Support Program** Rocky Mountain, VA	**Multisystemic Family Therapy** Charleston, SC **Functional Family Therapy**- SLC, UT **Home-Based FFT**- Athens, OH **Structural Family Therapy** - Miami, FL **Treatment Foster Care** -Eugene, OR
0-18 (age)	**Parents Anonymous** Compton, CA **Parent Project** Round Lake, IL	**Nurturing Program** Park City, UT **Strengthening Multi-Ethnic Families and Communities** Los Angeles, CA **Effective Black Parenting** Studio City, CA	**Project Seek** - Lansing, MI **HOMEBUILDERS** - Federal Way, WA **Parenting Adolescents Wisely** Athens, OH **Bethesda Day Treatment** - Milton, PA **Home-Base** - Huntington, NY

STRENGTHENING AMERICA'S FAMILIES
Program Selection Criteria

Step 1: Match Program to Family Characteristics

1. What types of families will be served by family program? See Matrix Column 1 to 3.
   1. Universal, general population (no known risk factors).
   2. Selective, high-risk families.
   3. Indicated families with known risks for delinquency.

2. What are the ages of the target children? See Matrix Row 1 to 4.
   1. 0-5 years
   2. 6-11 years
   3. 12-18 years
   4. 0-18 years

3. What ethnic group is primarily being served? (Look for programs in matrix designed or tested with these same populations. Are special language manuals, handouts, materials or videos available to support these programs?)
   1. White
   2. African-American
   3. Hispanic
   4. Asian/Pacific Islander
   5. Native American
   6. Mixed Ethnicity

4. Is the program designed for urban or rural families?
   1. Urban
   2. Suburban
   3. Urban

5. What is the education level or reading level of the program materials?
   1. Low reading level
   2. Medium reading level
   3. High reading level

6. Are there special needs of your families that the family program should address?
   1. Single parents
   2. Teenage parents
   3. Abusive parents
   4. Alcohol or drug abusing parents
   5. Disabled parents
   6. Foster parents

PRINCIPLES OF EFFECTIVE FAMILY-FOCUSED PREVENTION

1. **THERE IS NO ONE BEST FAMILY-FOCUSED PROGRAM**
   - Select programs based on:
     - Ages of child
     - Cultural appropriateness
     - General level of family needs (universal low risk families, selective or medium risk families, and indicated or high-risk families)
     - Specific family needs. Different types of family interventions are used to modify different risk and protective factors.
   - **Behavioral parent training programs**, if of sufficient dosage (45 hours for high-risk families) are generally effective in reducing children's conduct disorder (Kumpfer, 1996).
   - **Family therapy and family skills training programs** are generally most effective in improving family communications, family control imbalances, and family relationships (CSAP PEPS, in press).
   - **In-home family support or parent support programs** improve social support (Yoshikawa, 1995).
   - **In-home or office-based case management family services** are effective in increasing the family's access to needed services.
   - **Parent education programs** are effective in improving parent's knowledge and awareness of parenting issues, but do not necessarily change behavior.
   - **Children's social skills training** added to parenting and family programs improve children's prosocial skills (Kumpfer, Williams, & Baxley, NIDA, in press).

2. **EFFECTIVE INTERVENTIONS MUST BE DEVELOPMENTALLY TAILORED**
   - **In-home parent support and cognitive/language development exercises** are most effective birth to 3 years (Yoshikawa, 1995). Professional support from nurse home visitors is effective with high-risk families (Olds & Pettitt, 1996).
   - **Behavioral parent training programs or family skills training programs or behavioral family therapy** (involving the parent and child in structured skills training activities) are most effective with 3 to 12 year olds (CSAP, in press).
   - **Family therapy or family skills training** combined with behavioral parenting stressing parental monitoring is most effective with early adolescents and adolescents (Kumpfer, 1996).

3. **FAMILY PROGRAMS ARE MOST ENDURING IN EFFECTIVENESS IF THEY PRODUCE CHANGES IN FAMILY ENVIRONMENT**
   - Family programs that encourage **family meetings** have the longest effectiveness (Catalano, 1996; Kumpfer, 1996).
   - Improving **parenting skills** produces an ongoing intervention that is more effective over time than short-term interventions with children or adolescents only (McMahon, 1996).
   - To produce longitudinal effectiveness, the family intervention must be of sufficient dosage (at least 45 hours with high-risk families) (Patterson, 1989).

Strengthening America's Families

Technical Assistance and Training Application

1. Recipient Information:

Agency:	Your Name and Title:	
Agency Address:		
City	State	Zip
Telephone Number	FAX Number	
E-MAIL:		
Agency Contact Person:		

Technical Assistance Information

Intensive Training and TA will be provided to support agencies in actual implementation of Family Strengthening Programs.

Identify your 1st, 2nd, and 3rd preference for regional, 1-3 day training on Program Models.

1. _____ **2.** _____ **3.** _____

Will your organization pay travel and lodging expenses for staff (if necessary) to attend regional 1-3 day training?

Yes ❑ **No** ❑ **Not Sure** ❑

Is your organization involved in any Community Partnerships (Comprehensive Communities, HUD FIC's, CSAP partnerships, Safe Futures, etc.)

Yes ❑ **No** ❑ **Not Sure** ❑

Assess your organizations level of "readiness" to implement a Family Strengthening Program with regards to:.

	High	Average	Low
Community need for family services:	❑	❑	❑
Current level services to families:	❑	❑	❑
Commitment to implementation resources (funding and staff):	❑	❑	❑
Evaluation capability:	❑	❑	❑

List your organizations most crucial needs to implement a new Model Family Strengthening Program

4. Indicate areas in which you would like training or TA to implement a new Model Family Strengthening Program

_____ **Evaluation**	_____ **Attracting Resources (grant writing)**	**List Others:**
_____ **Cultural Adaptation**	_____ **Community Collaboration**	_____
_____ **Needs Assessment**	_____ **Program Development**	_____
_____ **Staff Selection**	_____ **Recruitment and Retention**	_____

Karol Kumpfer, Ph.D., Strengthening America's F ilies, University of U , Department of Health Education, 215 N-HPER, Salt Lake City, Utah 84112

University of Utah

"*Strengthening America Families* "

March 23-25, 1997
Westin Washington DC, City Center

AUDIO CASSETTE TAPE ORDER FORM

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Sunday, March 23, 1997

1&2___General Session / Kevin Wright,Ph.D., Karol Kumpfer, Ph.D., Jose Szapocznik, Ph.D., Joyce Thomas, R.N. **(2 Tapes)**

Monday, March 24, 1997

Program Training Workshops (8:30-10:00am)

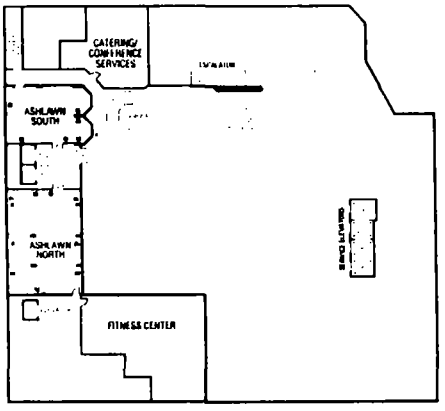
03___Health Start 0-5 Years): Gloria Ferguson
04___Strengthening Families Programs (6-10 Years): Karol Kumpfer, Ph.D.
05___Helping the Noncompliant Child (3-7 Years): Nicholas Long, Ph.D.
06___Parent Project (0-18 Years); Joyce Millman M.A.
07___Bethesda Day Treatment Center (10-18 Years); Dominic Herbst, M.S., M.A.
08___Structural Family Therapy (0-18 Years); Jose Szapocznik, Ph.D.

Program Training Workshops (10:15-11:45am)

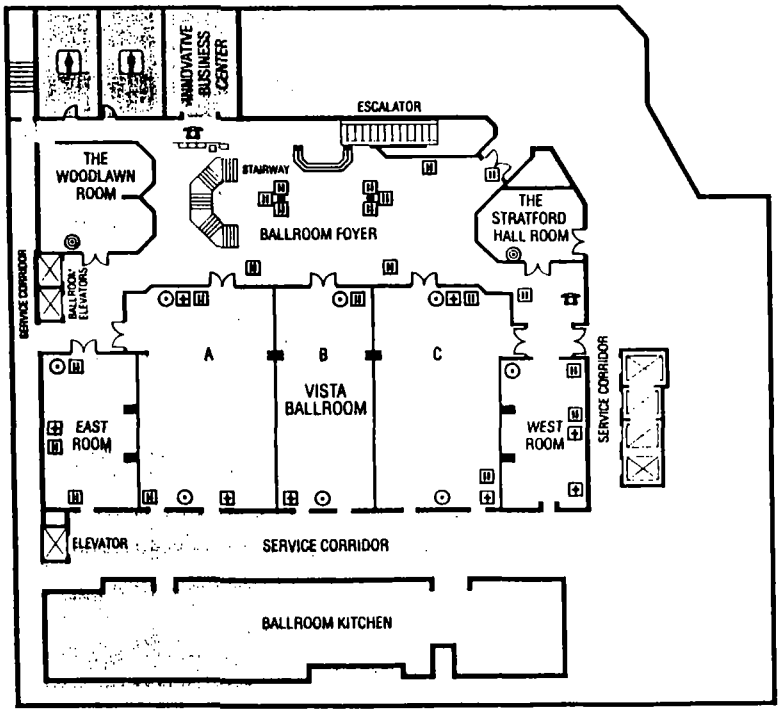
09___Meld (0-5 Years): Mary Kay Stranik
10___Healthy Families Indiana (0-5 Years): Joanne Martin, Ph.D
11___Functional Family Therapy (6-18 Years): Bruce Parsons, Ph.D.
12___Iowa Strengthening Families Programs for Families with Pre-Teens (10-14 Years): Richard Spoth, Ph.D.
13___Parents and Children's Training Series (3-8 Years); Carolyn Webster-Stratton, Ph.D.
14___CICC's Effective Black Parenting Program (2-18 years): Kerby T. Alvy, Ph.D

Program Training Workshops (1:15-2:45pm)

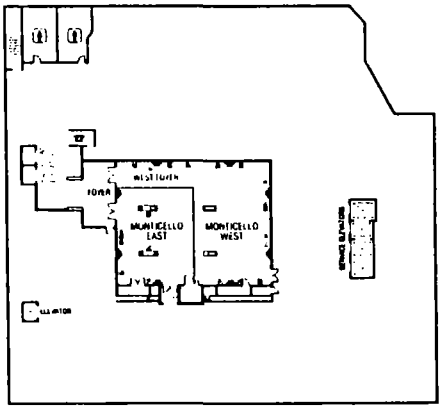
15___Prenatal & Early Childhood Nurse Home Visitation Program (0-5 Years); Ruth O'Brien, Ph.D.
16___Raising a Thinking Child (4-7 Years): Myrna Shure, Ph.D.
17___Strenthening Multi-Ethnic Families and Communities (3-18 Years): Marilyn Steele, Ph.D.
18___Project SEEK (0-18 Years): Carol Burton
19___Multisystemic Therapy Program (10-18 Years): Marshall Swenson, Ph.D.
20___Homebuilders (0-18 Years): Shelly Leavitt, Ph.D.



Lower Mezzanine



Ballroom Level



Lower Ballroom

LEGEND

- ELECTRICAL 110V (20A)
- ELECTRICAL 2 POLE, 3 WIRE 220V (50A), 110V (100A)
- LIGHTING, DIMMER CONTROL (MATRIX)
- LIGHTING, DIMMER CONTROL (INDIVIDUAL)
- TELEPHONE

Strengthening America's Families Project

March 22, 1997

The University of Utah, Department of Health Education, in Salt Lake City, Utah, was awarded in October, 1995 a three year cooperative agreement, entitled **Training and Technical Assistance for Family Strengthening** from the US Office of Juvenile Justice and Delinquency Prevention (OJJDP).

Project Rationale. A gap exists between the state of research and the state of practice in family-focused prevention. Because few of the researchers or practitioners, who have developed model family strengthening programs, have the time to effectively disseminate their results, a synthesis of the research and practice results is needed as well as an effective dissemination of innovative systems. Working closely with OJJDP staff, national experts and community agencies, we will synthesize and disseminate this information through training and technical assistance and the development of written materials.

Prior Work. This project allows the University of Utah to continue work they have been conducting since 1990 to identify the most effective family programs for the prevention of delinquency. In the prior project, a literature search and state search resulted in over 500 programs being nominated and reviewed. The top 25 family programs were selected on the basis of evaluated results and ease of dissemination. These model programs were disseminated through a national conference in 1993 and two publications: Strengthening America's Families: A User's Guide (Kumpfer, 1993) and Family Strengthening in Preventing Delinquency: A Literature Review (Kumpfer, 1994) available from the Juvenile Justice Clearinghouse (800)-638-8736. You can also find this information on our Strengthening America's Families Home Page.

Our web address is **http://www-medlib.med.utah.edu/healthed/ojjdp.htm**

Project Status. A literature review of research articles on model family and parenting programs has already been conducted and a draft document completed. Once it is completed, it will be available on the Strengthening America's Families Project Home Page. A call for nominations of model parenting and family programs was sent to state agencies in December 1995. To conduct the practice search, state agencies housing mental health, substance abuse, child and family services (children's trust funds) and the juvenile justice specialists were requested to nominate two model programs in their state with evaluated results. A national conference was held in Salt Lake City in October of 1996 to showcase model programs. The Home Page on the University of Utah, College of Health web server was set up to help states nominate programs directly into the data base as well as provide other information. A newsletter and information about the project will be included in the Home Page for the project. There will also be links to other family and parenting programs.

What You Can Do. Join our mailing list by either calling (801) 585-9201, Faxing (801) 581-5872 or writing to: Karol Kumpfer, Health Education, University of Utah, 215 HPER-N, SLC, UT 84112 or e-mail to fsp@phth.health.utah.edu. Please provide us with your name, address, phone, FAX and e-mail address. Thank you for you interest in this project. We believe that strengthening families to help children grow up healthy, happy and secure should be a top priority of all countries.

This project is supported by grant no. 95-JN-FX-K010 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

OVERALL CONFERENCE EVALUATION

Strengthening America's Families Conference
March 23-25, 1997

Instructions: Please help us evaluate this conference by answering the following questions. Please rate each part of the conference program by giving a score ranging from 1 to 10 for each of the items. **A score of one represents the worst rating, while a score of 10 represents the best rating.**

1) **Overall Evaluation**

_____ Value of the information

_____ Presenters (Knowledge and Ability to Present)

_____ Organization of the Conference

_____ Relevance of the Information for Program Replication

2) **Arrangements and Logistics**

_____ Lodging Facilities

_____ Meeting Facilities

_____ Continental Breakfasts/Breaks

_____ Reception

Sunday March 23, Plenary Sessions

_____ Family Strengthening for Delinquency Prevention (Kevin Wright, Ph.D.)

_____ National Search and Principles of Effective Programs (Karol Kumpfer, Ph.D.)

_____ Parent/Provider Partnership Panel

_____ Cultural Competency and Program Implementation
(Jose Szapocznik, Ph.D. and Joyce Thomas, M.P.H.)

_____ Program Fair

_____ Reception

Monday, March 24, Plenary Session

_____ The Nationwide Effective Parenting Movement (Kerby Alvy, Ph.D.)

Tuesday, March 25, Plenary Sessions

_____ Round Table Discussions

_____ Legislative Inquiry Session

_____ Conference Wrap-Up

Comments: