

Substance Abuse

Best Practices



*A resource guide for
Miami-Dade County*

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December 2008



Substance Abuse Best Practices

This resource guide was created to address the Miami-Dade HIV/AIDS Partnership's Comprehensive Plan goal to *increase the quantity and maximize the effectiveness of resources for care, treatment, and prevention of HIV/AIDS*.

It is intended to assist HIV/AIDS service providers who routinely encounter clients with a dual diagnosis of HIV disease and psychiatric disorder and/or substance abuse disorder, and to assist substance abuse providers who are likely to encounter persons with HIV disease.

To develop this guide, twenty-eight substance abuse providers in Miami-Dade and Monroe Counties were requested to provide information on substance abuse treatment best practices in use at their agency related to the general population, HIV positive persons and persons with comorbidities, including mental health disease. Specifically the best practices were to be recognized by the National Institute on Drug Abuse (NIDA) - www.nida.nih.gov - and/or the Substance Abuse and Mental Health Services Administration (SAMHSA) - www.samhsa.gov. Additionally, the Florida Department of Children & Families submitted information detailing prevention best practices. These are listed together after the substance abuse best practices.

The contact information for agencies using these practices is noted at the end of this resource guide.

For more information about the Miami-Dade HIV/AIDS Partnership, or for additional copies of this resource guide, please contact Behavioral Science Research, (305) 445-1075 or www.aidsnet.org.

ReCapturing the Vision

9950 Hibiscus Street
Miami, FL 33190
Phone (305) 232-6003
Fax (305) 232-6092
www.recapturingthevision.org

Regis House

2010 NW 7th Street
Miami, FL 33125
Phone (305) 642-7600
Fax (305) 642-6898
www.regishouse.org

Sembrando Flores

16090 SW 293rd Drive
Homestead, FL 33030
Phone (305) 247-2438

South Florida Jail Ministries/Agape

22790 SW 112 Avenue
Miami, FL 33170
Phone (305) 235-2616
Fax (305) 235-6178
www.agapefamilyministries.org

Spectrum Programs

11031 NE 6th Avenue
Miami, FL 33161
Phone (305) 757-0602
Fax (305) 757-2387

Switchboard of Miami

701 SW 27th Avenue
Miami, FL 33135
Phone (305) 358-1640
Fax (305) 377-2269
www.switchboardmiami.org

The Village South*

9400 NW 12th Avenue
Miami, FL 33150
Phone (305) 696-0738
Fax (305) 696-2807
www.villagesouth.com

**Florida Department of
Children and Families**

401 N. W. 2nd Avenue
Miami 33128
Phone (305) 377-5055
www.myflorida.com/cf_web

**The Guidance Clinic of the
Middle Keys**

3000 41st Street - Ocean
Marathon, FL 33050
Phone (305) 434-9000
Fax (305) 434-9040
www.gcmk.org

Here's Help, Inc.

15100 NW 27th Avenue
Opa Locka, FL 33054
Phone (305) 685-8201
www.hereshelpinc.com

**The Institute for Child and
Family Health**

15490 NW 7th Avenue
Suite #200
Miami, FL 33169
Phone (305) 685-0381
www.cpcinc.org

**Jackson North Community
Mental Health Center**

20201 NW 37th Avenue
Miami, FL 33056
Phone (786) 466-2700
Fax (786) 446-2748
www.jhsmiami.org

**James E. Scott Community
Association (JESCA)**

2389 NW 54th Street
Miami, FL 33142
Phone (305) 637-1053
Fax (305) 638-8154
www.jescaonline.org

**Jesse Trice Community
Health Center, Inc.***

5361 NW 22nd Avenue
Miami, FL 33142
Phone (305) 637-6498
Fax (305) 805-1715
www.eofhc.org

**Miami Behavioral Health
Center**

11031 NE 6 Avenue
Miami, FL 33161
Phone (305) 757-0602
Fax (305) 757-2387
Hotline (305) 774-3600
www.mbhcc.org

**Monroe County Public
Schools**

241 Trumbo Road
Key West, FL 33040
Phone (305) 293-1400
Fax (305) 293-1408
www.monroe.k12.fl.us

**New Horizons Community
Mental Health Center**

1469 NW 36th Street
Miami, FL 33142
Phone (305) 635-0366
Fax (305) 635-6378
www.newhorizonscmhc.com

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Brief Strategic Family Therapy (BSFT)

- ◆ Defined as a planned, trouble-attentive, directive, and realistic method to treat behavioral problems, relations with rebellious peers, early drug use and the associated inflexible family interactions, all of which are serious risk factors for substance abuse.
- ◆ Indication-based early intervention model developed at the Center for Family Studies at University of Miami.
- ◆ Helps families to rise above risks by changing bad patterns of family interaction and building skills or strategies to help reinforce the family.
- ◆ Shown to be very successful for adolescent Hispanics.
- ◆ Proactive in reaching out to families, versus relying on families to come into therapy.
- ◆ Based on the principle of parental guidance, involvement, support, communication, rules, problem solving, and accountability.
- ◆ Usually consists of 8-12, 1 to 1.5 hour sessions per family over the course of 12 to 16 weeks.
- ◆ Aims to reduce inappropriate behavior and improve self esteem in children.
- ◆ Aims to reduce problem behavior, associations with bad influence peers, and drug use in adolescents.
- ◆ Aims to improve/correct negative patterns in family functioning, and interest and participation in family therapy.

In practice at: Community Health of South Florida (CHI) • Here's Help • Jesse Trice Community Health Center • Miami Behavioral Health Center • Regis House • South Florida Jail Ministries/Agape • Spectrum Programs • The Village South

For more information or implementation:

Contacts

The Strategic Planning Committee wishes to thank the following agencies for their contributions to this resource guide:

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www.abriendpuertas.org

ASPIRA of Florida - Miami

4100 NE 2nd Avenue
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Miami, FL 33137
Phone (305) 576-8494
Fax (305) 576-6217
fl.aspira.org

Care Resource*

3510 Biscayne Boulevard
Suite 300
Miami, FL 33137
Phone (305) 576-1234
Fax (305) 571-2020
www.carerresource.org

Catholic Charities - St. Luke's

7707 NW 2nd Avenue
Miami, FL 33150
Phone (305) 754-2444
www.catholiccharitiesadm.org

The Center for Family and Child Enrichment

1825 NW 167th Street
Suite 102
Miami, FL 33056
Phone (305) 624-7450
Fax (305) 623-7893
www.cfceinc.org

Citrus Health Network, Inc.

4175 West 20th Avenue
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Phone (305) 825-0300
Fax (305) 424-3184
www.citrushealth.com

Community Crusade Against Drugs

11380 NW 27th Avenue,
McArthur Building
Suite 3240
Miami, FL 33167
Phone (305) 237-1634
Fax (305) 237-1301
www.ccadsf.org

Community Health of South Florida (CHI)

10300 SW 216th Street
Miami, FL 33190
Phone (305) 252-4853
Fax (305) 254-2011
www.chimiamidade.org

* Indicates a substance abuse provider agency.

The Miami-Dade HIV/AIDS Partnership and Strategic Planning Committee

The Miami-Dade HIV/AIDS Partnership is the inter-governmental and community planning council for HIV/AIDS services that advises the Office of the Mayor on distribution of Ryan White Part A funds. Members conduct an annual needs assessment, develop a Comprehensive Plan for HIV/AIDS, plan for care, treatment and housing services, interact with other community groups, set Part A service priorities and allocate Part A funds to meet the needs of People Living With HIV/AIDS in Miami-Dade County.

Our Vision
To eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

The Partnership's Strategic Planning Committee's responsibilities include:

- ◆ Guiding and evaluating implementation of the Comprehensive Plan for HIV/AIDS;
- ◆ Developing periodic progress reports to the community and Partnership describing the local state of the epidemic; and
- ◆ Developing recommendations on legislative and regulatory issues regarding funding, policies and rule changes related to HIV/AIDS and Ryan White Program reauthorization.

For more information, or for membership opportunities, contact Partnership Staff Support:

c/o Behavioral Science Research
2121 Ponce de Leon Boulevard, Suite 250
Coral Gables, FL 33134
Phone: 305-445-1076
www.aidsnet.org

Steps: NIDA

1. Clinical presentation
2. Establishing the therapeutic system
3. Diagnosis
 - a. Organization
 - b. Resonance
 - c. Developmental stage
 - d. Life context
 - e. Identified patient
 - f. Conflict resolution
 - g. General discussion of the diagnosis
 - h. Planning treatment based on diagnosis
4. Diagnose the problem in terms of specific dimensions of family interactions and then implement strategies to correct problems along these dimensions
5. Producing change

Steps: SAMHSA

1. Organize a counselor-family work team. Develop a therapeutic alliance with each family member and with the family as a whole.
2. Diagnose family strengths and problem relations. Emphasis is on family relations that are supportive and problem relations that affect youths' behaviors or interfere with parental figures' ability to correct those behaviors.
3. Develop a change strategy to capitalize on strengths and correct problematic family relations, thereby increasing family competence. BSFT counselors should be plan- and problem-focused, direction-oriented, and practical.
4. Implement change strategies and reinforce family behaviors that sustain new levels of family competence. Important change strategies include reframing to change the meaning of interactions changing alliances and shifting interpersonal boundaries; building conflict resolution skills; and providing parenting guidance and coaching.

Co-Occurring Disorders: Integrated Dual Disorder Treatment (IDDT)

- ◆ For simultaneous/co-occurrence of mental disorder and substance abuse disorder.
- ◆ Uses medicine, psychology, education, and social treatments.
- ◆ Evidence-based; shown to be effective on clients in multiple studies.
- ◆ Calls for family and friend(s) involvement.
- ◆ Assists clients with stable housing and employment, if applicable.
- ◆ Involves providers from different areas of expertise, including substance abuse experts.
- ◆ Consists of interventions, comprehensive treatment, active outreach, motivational interviewing, substance abuse therapy, group therapy, family education, self-help groups, drug assisted treatment, and, if necessary, secondary interventions.
- ◆ Aims to lessen the length and strength of mental and substance abuse disorder.
- ◆ Aims to lessen time spent in hospitals and jail, cost of treatment, rate of treatment drop-out, and need to replicate services.
- ◆ Aims to increase abstinence from the problem substance and related substances.
- ◆ Encourages better relationships, better quality of life, appropriate housing, and independent living.

In practice at: Citrus Health Network • Community Health of South Florida (CHI) • Here's Help • Jackson North Community Mental Health Center • Jesse Trice Community Health Center • Miami Behavioral Health Center • New Horizons Community Mental Health Center • South Florida Jail Ministries/Agape

For more information or implementation:

Buprenorphine Treatment

Buprenorphine is a partial agonist and, like methadone, suppresses withdrawal symptoms and blocks the effects of other opioids. It is important that patients understand the differences between agonist and partial agonist-type drugs. Knowing these differences can help patients make treatment decisions, such as transferring from methadone to buprenorphine therapy. Buprenorphine, as a partial agonist, requires the patient to reduce his or her dose of methadone before transferring.

The treatment of pain in patients receiving buprenorphine is somewhat different than patients receiving methadone. Buprenorphine has powerful analgesic properties comparable to that of morphine; however, the onset of action has been found to be inadequate for urgent care (Nikoda et al. 1998). Its partial antagonist activity tends to block the activity of short-acting pure agonists. Therefore, in patients being maintained on buprenorphine whose acute pain is not relieved by non-opioid medications, the buprenorphine treatment should be discontinued and usual, more aggressive pain management techniques should be instituted, including the use of short-acting, full agonist medications.

For additional information:
www.buprenorphine.samhsa.gov

Methadone Treatment

Methadone treatment combines medical therapy with psychosocial services to improve the health and physical well-being of persons addicted to short-acting opioid drugs such as prescribed pain medications. Methadone helps stabilize the patient by relieving physical withdrawal symptoms and reducing physiological cravings – without the negative effects and consequences of the short-acting drugs of abuse. Rehabilitation services enable individuals to achieve recovery.

Methadone, when taken as ordered by a physician, is safe and effective and does not create a pleasurable or euphoric feeling, although some patients may experience side-effects such as constipation, water retention, drowsiness, skin rash, excessive sweating, and change in sex drive. The effectiveness of methadone has been shown in many studies over the past 30 years.

Patients on methadone can be treated for pain with most pain medications without serious interactions, though coordination of methadone with certain pain medications may be necessary. Patients treated with methadone experience normal pain and need analgesia following surgical procedures or for chronic pain. Methadone patients should not be prescribed medications for pain that contain opioid antagonists, since the antagonists will precipitate withdrawal.

For additional information:

Cognitive Behavioral Therapy (CBT)

- ◆ Based on the Cognitive Model of Emotional Response.
- ◆ Aims to obtain results quickly: The average number of sessions per client is 16.
- ◆ A client must have a positive relationship with the therapist so that the client can learn how to think differently, and build on the learning. Therapists and clients must work together to obtain the goals they both desire.
- ◆ Therapists must ask many questions to understand the client, and help the client understand him/herself. A client is also encouraged to question him/herself.
- ◆ Based on the idea that emotion and behavior are learned. Tries to help clients unlearn the negative and replace that with new positive reactive behavior.
- ◆ Concentrates on realizing reality. Clients tend to act in an inappropriate way due to lack of knowledge of their own behavior. Teaches clients to try to fully understand a situation before reacting.
- ◆ Clients learn to approach problems with stoicism and learn how to calmly accept problems so they can be resolved in the most appropriate manner.
- ◆ Strict/specific schedules are set. By focusing on one specific goal per session, clients learn how to achieve the goals and objectives desired.

In practice at: • Citrus Health Network • Community Health of South Florida (CHI) • Jessie Trice Community Health Center • Here's Help • Jackson North Community Mental Health Center • Miami Behavioral Health Center • South Florida Jail Ministries/Agape • Spectrum Programs

For more information or implementation:

Comprehensive, Continuous, Integrated System of Care Model (CCISC)

A treatment program, designed by Kenneth Minkoff, MD, for clients who have simultaneous psychiatric and substance abuse disorders.

Characteristics

1. Designed for comprehensive system level change.
2. Utilizes resources which are already available.
3. Based on best practice research.
4. Incorporated treatment viewpoint.

Principles

1. Medical providers should expect co-morbidity. A dual diagnosis is extremely common. Most disorders are co-occurring.
2. All persons with Individuals with Co-Occurring Psychiatric and Substance Disorders (ICOPSD) are different. This model separates all ICOPSD into four (4) quadrants: high-high, low psychiatric disorder-high substance disorder, high psychiatric disorder-low substance disorder, and low-low.
3. Compassionate, optimistic, and continuous integrated treatment relationships are extremely important to success.
4. Case management and care should be balanced with compassionate objectivity, hope, penalties, and contingent learning for each client in any atmosphere.
5. ICOPSD requires primary treatment for both individual diagnoses separately and treatment for both together.

Screening a Client for Substance Abuse

SAMHSA Recommendations for Dual/Triple Disorder Treatment Programs

According to SAMHSA it is difficult to develop an effective treatment program for those dually or triply diagnosed with HIV/AIDS and a psychiatric disorder and/or substance abuse disorder. Programs that are in use are costly and have a low success rate. However, SAMHSA does list six (6) elements that are used in the vast majority of dual/triple disorder treatment programs:

1. **Treatment Philosophy** Counselors should meet the client where they are by utilizing several treatment models to create a perfect plan for each client's condition. Also, counselors should not judge or label clients; they should talk *with* them, not *at* them.
2. **Outreach Efforts** Organizations can distribute information to clients and bring in outside speakers, educators, or counselors.
3. **Staff Cross Training** To effectively treat clients, staff must be experts who are continually trained and educated in mental health, substance abuse, and HIV/AIDS.
4. **Support Groups** Being with others who struggle with a similar combination of disorders helps clients feel like they are not alone, and provides needed support.
5. **Community Linkages** It is important to incorporate service and medical providers from the community in order to get a variety of viewpoints and expertise.
6. **Funding** Organizations must apply for funding from many sources.

6. Both psychiatric and substance abuse disorders can be treated with Minkoff's "disease and recovery model," which uses corresponding periods of recovery, which are diagnosis-specific and concentrate on a certain stage of recovery and change.
7. There is more than one correct way to treat ICOPSD. Treatment should be based on the individual assessment of each client.
8. Measure of outcomes must be personalized for each client. Short term goals, and reaching each goal should be measured based on the specific ICOPSD.

Steps

1. Integrated system planning process.
2. Formal consensus on CCISC model.
3. Formal consensus on funding the CCISC model.
4. Identification of priority populations, and locus of responsibility for each.
5. Development and implementation of program standards.
6. Structures for intersystem and inter-program care coordination.
7. Development and implementation of practice guidelines.
8. Facilitation and identification, welcoming, and accessibility.
9. Implementation of continuous integrated treatment.
10. Development of basic dual diagnosis capable competencies for all clinicians.
11. Implementation of a system wide training plan.
12. Development of a plan for a comprehensive program

In practice at: Care Resource • Citrus Health Network • Community Health of South Florida (CHI) • Jackson North Community Mental Health Center • Jesse Trice Community Health Center • Here's Help • Miami Behavioral Health Center • New Horizons Community Mental Health Center • South Florida Jail Ministries/Agape • Spectrum Programs • The Village South

For more information or implementation:

Motivation Enhancement Therapy (MET)

Each client's level of motivation is considered before deciding on a treatment plan/agenda for sessions. Four stages of readiness are commonly considered:

1. **Precontemplation** Client is not thinking about change.
 2. **Contemplation** Client is weighing the pros and cons of change.
 3. **Determination** Client accepts change as the favorable option.
 4. **Action** Client is actively trying to change.
- ◆ Clients set their personal goals and objectives; counselors have some input.
 - ◆ Based on social psychology approach that aims to get a client to change his/her perceptions and therefore change his/her behaviors. The approach relies on clients remaining consistently motivated to change.
 - ◆ Therapists emphasize the idea that change is possible.
 - ◆ Problematic behavior is seen as something the client can control, at least partially.
 - ◆ Therapists ask questions, listen, and support the clients; clients are expected to realize their issues through actually discussing them aloud.
 - ◆ Once a client is assessed, therapy begins addressing themes such as pros and cons of the problem behavior, a typical day practicing problem behavior, why the client should change, and how he/she can accomplish that change.

In practice at: Community Health of South Florida (CHI) • Here's Help • Jackson North Community Mental Health Center • Jesse Trice Community Health Center • Miami Behavioral Health Center • New Horizons Community Mental Health Center • Regis House • South Florida Jail Ministries/Agape • Spectrum Programs • The Village South

For more information or implementation:

Too Good For Drugs

- ◆ A school-based prevention program.
- ◆ Reduces the intention to use alcohol, tobacco and illegal drugs in middle and high school students.

In practice at: The Guidance

For more information or implementation:

Family Skill Sessions

- ◆ Teaches families how to:
 1. Engage in structured family activities
 2. Practice therapeutic child play
 3. Conduct family meetings
 4. Learn communication skills
 5. Practice effective discipline
 6. Reinforce positive behaviors in each other
 7. Plan family activities together

- ◆ Participants are encouraged to attend ongoing family support groups and booster sessions.

In practice at:
Community Health of
South Florida (CHI)

**For more information
or implementation:**

Seeking Safety

- ◆ A present-focused therapy to help people attain safety from trauma/post traumatic stress disorder (PTSD) and substance abuse.
- ◆ Available as a book, providing both client handouts and guidance for clinicians.
- ◆ Designed for flexible use: conducted in group and individual format; for women, men, and mixed-gender; using all topics or fewer topics; in a variety of settings (outpatient, inpatient, residential); and for both substance abuse and dependence.
- ◆ Also used with people who have a trauma history, but do not meet criteria for PTSD.
- ◆ Consists of 25 topics that can be conducted in any order: Introduction/Case Management, Safety, PTSD: Taking Back Your Power, When Substances Control You, Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources, Compassion, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking, Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Healing from Anger, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding), Life Choices, and Termination.

In practice at:
The Village South

**For more information or
implementation:**

Key Principles

1. Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions).
2. Integrated treatment (working on both PTSD and substance abuse at the same time).
3. A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse.
4. Four content areas: cognitive, behavioral, interpersonal, CM.
5. Attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).

Alpha Program

- ◆ A school-based level 2 prevention program.
- ◆ Prevents elementary students affected by multiple risk factors from becoming involved with alcohol, tobacco and illicit drugs.
- ◆ Targets elementary age children experiencing environmental risk factors or demonstrating personal risk factors related to academic performance, socialization or family management.
- ◆ For working students who demonstrate early academic failure and at least one other risk factor; uses a three-fold approach:
 1. Education and academic component designed to ameliorate early academic problems.
 2. Individual and small group counseling to reduce the effect of other identified risk factors, promote pro-social behavior and prevent drug involvement.
 3. Family interventions designed to increase family bonding and improve family func-

In practice at: The Center for Family and Child Health Enrichment • The Institute for Child and Family Health • Jesse Trice Community Health Center • Monroe County Public Schools • The Village South

For more information or implementation:

Strengthening Families Program


- ◆ A family skills training program.
- ◆ Increases resilience and reduces risk factors for behavioral, emotional, academic and social problems in children ages 3 to 16.
- ◆ The program consists of 3 life-skills courses delivered in 14 weekly 2 hour sessions.

Parents' Skill Sessions

- ◆ Help parents increase desired behavior in children using the following:
 1. Rewards
 2. Clear communication
 3. Effective discipline
 4. Substance abuse education
 5. Problem solving
 6. Limit setting

Children's Skill Sessions

- ◆ Assist in teaching children to do the following:
 1. Effective communication
 2. Understand their feelings
 3. Improve social and problem solving skills
 4. Resist peer pressure
 5. Understand the consequences of substance abuse
 6. Comply with parental rules

More 

Say it Straight

- ◆ Prevents risky or destructive behaviors such as alcohol, tobacco, other drugs use, violence, teen pregnancy and behavior leading to HIV/AIDS.
- ◆ Promotes wellness, self-awareness, personal and social responsibility, good communication skills, positive self-esteem and positive relationships.

In practice at: The Guidance Clinic of the Middle Keys

For more information or implementation:

ASPIRA Youth Leadership Development Outreach

- ◆ A non-profit community-based youth organization.
- ◆ Provides dropout prevention services through the ASPIRA Club System and ASPIRA Club Federation.
- ◆ Youth Advisors facilitate clubs and hold weekly meetings.
- ◆ Meetings address positive youth development, prevention and education

In practice at: ASPIRA of Florida - Miami

For more information or implementation:

Beta Program

- ◆ A school-based selective prevention model.
- ◆ Prevents multiple risk students from becoming involved with alcohol, tobacco and other drugs.
- ◆ Works with 30 seventh grade students who are considered high risk by school personnel.
- ◆ Students participate in group and individual counseling, family support and education

In practice at: Citrus Health Network

For more information or implementation:

Positive Option Program

- ◆ Philosophy: provide youth with knowledge to make healthy decisions and offer positive alternatives to substance abuse and delinquency.
- ◆ Increases drug and alcohol awareness.
- ◆ Develops the ability to make healthier decisions and promote positive alternatives to substance abuse.
- ◆ Uses education and wellness activities.
- ◆ Builds skills such as health decision-making,

In practice at: Regis House

For more information or implementation:

Positive Action

- ◆ Integrated comprehensive program to improve the academic achievement and other behaviors of 5 to 19 year olds.
- ◆ Intensive program with lessons from kindergarten to 12th grade.
- ◆ Lessons are to be reinforced at home and in the community.
- ◆ Components of the program include school, family and community.

In practice at: Abriendo Puertas

For more information or implementation:

Compass

- ◆ Provides selective prevention.
- ◆ Targets children, youth, and families who are at risk for substance abuse as a result of elevated risk factors and/or lacking protective factors.
- ◆ Enhances protective factors and works toward reversing or reducing known risk factors.

In practice at: The Institute for Child and Family Health

For more information or implementation:

Dare to Be You

- ◆ A multilevel prevention program.
- ◆ Serves high-risk families with children 2 to 5 years old.
- ◆ Focuses on children's developmental attainments and four aspects of parenting that contribute to youth resilience of later substance abuse.
 1. Parental self-efficacy
 2. Effective child rearing
 3. Social support
 4. Problem-solving skills
- ◆ Families engage in parent-child workshops that focus on four key factors.
 1. Develops the parents' sense of competence and satisfaction with the parental role.
 2. Provides knowledge of appropriate child management strategies.
 3. Improves parents' and children's relationships with their families and peers.

In practice at: Sembrando Flores

For more information or implementation:

Project Alert

- ◆ A school-based prevention program.
- ◆ Targets middle or junior high school students at risk for alcohol, tobacco and marijuana use.
- ◆ Prevents adolescent nonusers from experimenting with drugs.
- ◆ Prevents youths who are already experimenting from becoming more regular users or abusers.
- ◆ Based on the social influence model of prevention.
- ◆ Motivates young people to avoid using drugs and teaches them skills needed to understand and resist pro-drug social influences.
- ◆ Curriculum is comprised of 11 lessons in the first year and three lessons in the second year.
- ◆ Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students' interest and participation.
- ◆ The content focuses on helping students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist pro-drug pressures.

In practice at: Jackson North Community Mental Health Hospital

For more information or implementation:

Prevention Service

- ◆ A curriculum designed for youth and their parents, guardians and other family members.
- ◆ Teaches them to improve their ability to provide a nurturing environment for each other in an effective and meaningful way.
- ◆ Participants learn social skills, refusal skills, and appropriate alcohol and drug abuse knowledge.
- ◆ Participants develop a strong defense against

In practice at: ReCapturing the Vision

For more information or implementation:

Families and Schools Together (FAST)


- ◆ Outreach and multi-family group strategy for building protective factors around children as they grow up in stressful, isolated, and often toxic environments.
- ◆ Multi-level and multi-dimensional approach.
- ◆ Believes people should live within a network with individual, family, policy, and community sectors.

Values

1. Respectful relationships matter to everyone
2. Consumer and provider partnerships
3. Collaboration to help children is good
4. Shared governance is good
5. Empowerment of marginalized populations
6. Cultural representation vs. cultural competence
7. Experience and reputation is how we learn
8. Grassroots vs. Big Brother
9. Family values
10. Spiritual values
11. Family strengths vs. Deficit model
12. Family support
13. Stress and social isolation is a deadly combination
14. All parents love their children and want the best for them
15. Science based approaches are important to taxpayers and citizens
16. Equal access regardless of gender and race is just

In practice at: New Horizons Community Mental Health Center

For more information or implementation:

More 

Goals

1. Enhance family functioning
2. Prevent the target child from experiencing school failure
3. Prevent substance abuse by the child and other family members
4. Reduce the stress that parents and children

Key Program Approaches

1. Outreach
2. Parent-child interactions
3. Skill development

Components

1. Parent outreach
2. Multifamily group sessions
3. Ongoing monthly reunions

Strategies

1. Play therapy mediated by the parent
2. Marital support
3. Family therapy through process ruled activity rather than a therapist
4. Behavior modification training for parents
5. Group work self-help groups
6. Community development
7. Activity based therapy and music therapy
8. Adult education model from Paulo Freire
9. Relationships building approach

Life Skills Training

- ◆ A school-based substance abuse and violence prevention program for upper elementary and middle school students.
- ◆ Teaches students to resist social pressure to smoke, drink and use drugs.
- ◆ Assists students in developing self-esteem, self-mastery and self confidence.
- ◆ Enables children to cope with social anxiety.
- ◆ Educates students of the consequences associated with substance abuse.
- ◆ Enhances cognitive and behavioral competency to reduce and prevent a

In practice at: Community Crusade Against Drugs • James E. Scott Community Association (JESCA) • Switchboard of Miami

For more information or implementation: