

**Table 1: NIDA Prevention Principles (long)**

<p><b>Principle 1</b> - Prevention programs should enhance protective factors and reverse or reduce risk factors (Hawkins et al. 2002). They should consider a person's age, gender, ethnicity, culture, and environment Beauvais et al. 1996; Moon et al. 1999).</p>	<p><i>Celebrating Families!</i> increases family protective factors of (1) clear, direct, honest and respectful communication; (2) family rituals and traditions (meals, activities/night, reading to children, listening to children's report on their activities); (3) clear, consistent and appropriate rules (positive discipline); (4) ability to solve family problems; (6) stable, nurturing homes without abuse. Outside evaluation found that <i>CF!</i> has a positive effect size on family organization, cohesion, strengths, resilience, and communication (LutraGroup 2007). In the 0-3 <i>Connecting with My Family</i> component the curriculum increases parent-child attachment teaching how to communicate and interact with young children (singing, talking, dancing, and reading).</p> <p><i>CF!</i> increases individual protective factors of: having a safe person (at least 80% of participants report increasing their ability to connect with safe people); enhancement of social/emotional competency (teaching healthy living skills); being involved in activities; having positive self-esteem; and having hope and the ability to see beauty in the world.</p> <p><i>CF!</i> decreases risk factors of: parental drug use AND parental attitudes regarding children's risk; family violence and abuse; learning differences (by increasing parents' awareness, skills, and resources); peer's use; children's early first use; and availability of ATOD at home (and increases parents' vigilance regarding school and community).</p>
<p><b>Principle 2</b> - Prevention programs should address all forms of drug abuse...including underage use...; illegal drugs...; and the inappropriate use of legally obtained substances..., prescription medications or over-the-counter drugs (Johnston et al. 2002).</p>	<p>All age groups (except 0-3) learn about alcohol, tobacco and drug use (illegal and prescription) including their impact on physical, mental, social and spiritual aspects of individuals' lives; risks of early use; binge drinking by pre-teens; and use during pregnancy. Additional sessions focus on progression of disease of chemical dependency, including brain chemistry, warning signs, intervention, recovery; and the impact of addiction on the family.</p>
<p><b>Principle 3</b> - Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors (Hawkins et al. 2002)</p>	<p><i>CF!</i> has fully scripted lessons on alcohol, tobacco and other drugs and encourages implementation sites to adapt the curriculum to meet the needs and the type of drug use of the community being served. The curriculum includes a session specifically on Risk and Protective Factors including teaching parents/caregivers risk and protective factors, which are used to set family goals.</p>
<p><b>Principle 4</b> - Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness (Owrring 3t al. 1997; Olsa et al. 1998; Fisher et al. 2007; Brody et al. 2008).</p>	<p><i>CF!</i> was developed for families affected by or at high risk for addiction. It is one of the few evidence-based programs on National Registry of Evidence-Based Programs &amp; Practices (NREPP) that is family-inclusive, trauma informed, strength-based, addressing addiction in every session. Every session the topic is connected to the prevention of children's future use. (For example relating nutrition to balanced brain chemistry, as well as HALT.) <i>CF!</i> includes safety planning, discussions on relapse (and children), and in-utereo exposure.</p>

<p><b>Principle 5</b> - Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery et al. 1998).</p> <p>Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules (Kosterman et al. 2001).</p> <p>Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman et al. 2001).</p> <p>Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse (Spoth et al. 2002b).</p>	<p>Outside evaluation found that <i>Celebrating Families!</i> has a positive effect size on family organization, cohesion, communication, conflict, strengths/resilience; and positive parenting skills of involvement, , efficacy, and supervision, (LutraGroup 2007) . During the meal and <i>Connecting with My Family</i> families learn how to be together in healthy and safe ways, enhancing bonding and relationships, set Family Rules, learn about addiction and its impact on families, and children’s risk factors for future addiction. The structure of the curriculum reinforces parent/caregiver and child learning as it provides all participants with similar terminology (words), comfort and skills to discuss and learn from each other. Family bonding is increased thru family meal and activity times.</p> <p>In the Parent/Caregiver sessions the following skills are discussed, practiced and re-enforced: age-appropriate limit setting, affirmation and encouragement of children, Positive Discipline and Nurturing. The need for active parenting supervision is specifically addressed in the Adult Group.</p> <p>All participants receive age-appropriate information on alcohol, tobacco and legal and illegal drugs; chemical dependency; brain chemistry; and the impact of ATOD on individuals, families, and communities. Structured activities, demonstrations and discussions are scripted in <i>Connecting with My Family</i> to begin and ease family discussions.</p>
<p><b>Principle 6</b> - Prevention programs can be designed to intervene as early as infancy to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton 1998; Olds et al. 1998; Webster-Stratton et al. 2001; Fisher et al. 2007).</p>	<p><i>CF!</i>s 0-3 component specifically addresses: Strengthened relationships (attachment) between parent/caregiver child; Decreased parental stress; Increased children’s sense of empowerment and self-regulation, through teaching children’s communication techniques, importance of children’s learning to make choices, use of “time-ins”, setting of age-appropriate boundaries, how to support children’s emotions, and sensitivity of responses to children saying “no”, as children learn to set boundaries; Enriched environment through use of appropriate discipline and reducing or preventing children’s risk factors of toxic stress, abuse, and other adverse childhood experiences including decreased parental substance use; Increased parental and child physical health by supportive teaching/modeling of activities promoting healthy brain development including: good nutrition, proper sleep/rest, consistent daily schedules; reduced use of electronics.</p>
<p><b>Principle 7</b> - Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors...such as early aggression, academic failure, and school dropout. Education should focus on the</p>	<p>Children’s groups teach skills of</p> <ul style="list-style-type: none"> <li>• Self-control: centering, anger management; using reducers and staying out of fights</li> <li>• Social/emotional competency: communication, identification and appropriate expression of feelings, problem-solving, decision making, Saying NO to others, recognizing and establishing boundaries</li> </ul>

<p>following skills (Prevention Research Group 2002; Jalongo et al. 2001; Riggs et al. 2006; Kellam et al. 2008; Beets et al. 2009): conduct problems; self-control; emotional awareness; communication; problem-solving; and academic support, especially reading.</p>	<ul style="list-style-type: none"> <li>• Academic support: learning styles and strategies, identification of the characteristics of a safe person and helping participants</li> </ul> <p>Parent/caregiver groups teach importance of and skills of:</p> <ul style="list-style-type: none"> <li>• Reading to children</li> <li>• Talking with children</li> <li>• Listening to children</li> </ul>
<p><b>Principle 8</b> - Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills (Botvin et al. 1995; Scheier et al. 1999; Eisen et al. 2003; Ellickson et al. 2003; Haggerty et al. 2007): study habits, academic support; communication; peer relationships; self-efficacy and assertiveness; drug resistance skills; reinforcement of anti-drug attitudes; and strengthening of personal commitments against drug abuse</p>	<p>Pre-adolescents' and adolescents' groups teach skills of</p> <ul style="list-style-type: none"> <li>• Academic support: learning styles and strategies</li> <li>• Social/emotional competency: communication, identification and appropriate expression of feelings, problem-solving, decision making, Saying NO to others, recognizing and establishing boundaries</li> <li>• Healthy Relationships: definition of friends/relationships, value clarification, , identification of the characteristics of a safe person and helping participants</li> <li>• Self-efficacy and assertiveness: boundaries, values, decision making, centering, anger management; using reducers and staying out of fights</li> <li>• Drug resistance skills: Saying NO (why it is important, link to other high risk behaviors)</li> <li>• Strengthening of personal commitments: value clarification</li> </ul>
<p><b>Principle 9</b> - Prevention programs aimed at general populations at key transition points, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and reduce labeling and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002; Institute of Medicine 2009).</p>	<p><i>CF!</i> has been used and found effective with both families with identified substance use disorders and abuse/neglect, as well as school-based programs with nonidentified families. Serving all age-groups, it can be used in middle or high school settings.</p>
<p><b>Principle 10</b> - Community programs that combine two or more effective programs, family-based and school-based programs, can be more effective than a single program alone.</p>	<p><i>CF!</i> is often used in collaboration/partnership with Triple P, Strengthening Families, and other school and community based programs.</p>
<p><b>Principle 11</b> - Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.</p>	<p><i>Celebrating Families!</i> is often used as training for service-providers working with families covering topics of alcohol, tobacco and other drugs; chemical dependency; and its impact on families.</p>

<p><b>Principle 12-</b> When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include: Structure (how the program is organized and constructed);Content (the information, skills, and strategies of the program); and Delivery (how the program is adapted, implemented, and evaluated).</p>	<p><i>CF!</i> consists of 16 sessions starting with a meal, followed by age-appropriate groups, and ending with <i>Connecting with My Family</i>. Each session has specific components of an Opening, Insights for Living, and Closing. Sites implementing the 0-3 component will have an additional component, for parents/infants/toddlers usually provided before the meal.</p> <p>All sessions are fully scripted with training available. Once a site has been trained and has piloted the program as written, thus understanding the inter-relationship of the components, they are invited to make appropriate changes to match the needs of their community or culture.</p>
<p><b>Principle 13 -</b> Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school</p>	<p>Children love to repeat <i>CF!</i> as no two groups are ever the same. Families are encouraged to return as children age and as parents' recovery is strengthened.</p>
<p><b>Principle 14 -</b> Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding (Ialongo et al. 2001; Kellam et al. 2008).</p>	<p>Trainings consist of 2 days demonstrating trauma-informed, multi-modal, strength-based approaches used to teach concepts. On Day 2 , trainees provide "mock" groups feedback.</p>
<p><b>Principle 15 -</b> Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills (Botvin et al. 1995).</p>	<p>All groups employ multi-modal learning as many participants have cognitive deficits or other learning differences due to the high stress, genetics, or their own alcohol/drug use. Skills are taught utilizing a specific method which explores the importance of the skill for participants, teaches the skill steps, demonstrates using the skill and lastly participants role play the skill.</p>
<p><b>Principle 16 -</b> Research-based prevention programs can be cost-effective.</p>	<p><i>CF!</i> has been shown to double the reunification rate of families in Dependency Drug Courts, while reducing time to reunification by 50% (Brook &amp; Yan 2013 and Quittan 2005).</p>