



Happy Spring!

News from around the country:



Families First in Cabarrus County · Concord, NC ·

“Happening tonight, right now at our Celebrating Families!™ group. If you have young children, especially ages 0-5, exposed to addiction in your home, we have the support you need. We feed your family and learn together how to break the cycle over 16 weeks. Our Celebrating Families! groups start next week and have only 2 spots left. 20 families are enrolled. Break the cycle!! Send us a private message. It’s free and freeing.”

www.familiesfirstcc.org

Butler County (Ohio) family drug court to add Celebrating Families!™.

“Celebrating Families! has age-appropriate discussions that are similar to the topic the parent is doing. So they might be talking to the parents about setting limits and they might talk to the kids about following rules, putting it in terms they understand.” Juvenile Court Magistrate Pat Wilkerson. “I think that is extremely important in our efforts to reunify with their children and gain sobriety and maintain it.” Julie Gilbert, assistant director of Children Services. The Journal-News (Butler County, Ohio) Denise G. Callahan, Staff Writer, 12/6/2017.



Updates from PPI:

- PPI’s new booklets on *Parenting Young Children in Early Recovery* are available. Order blank attached.
- *Celebrating Families!*™ for Adolescents is being piloted with evaluation by two community organizations: Uplift Family Services in schools and ConXion and Uplift for adolescents and their families involved in the Juvenile Court system. Interested in being a pilot site? Let us know!
- The evaluation project with Uplift will be completed by July 2018. We look forward to sharing the outcomes!
- Parisi House on the Hill, Santa Clara County (CA) women with children residential treatment facility, has been providing *Celebrating Families!*™ on Saturday mornings with great success! They continue to pilot the Supplemental Day Program for women in residence with their young children. A private donor is providing funding this summer for evaluation of the new materials.
- Mary Gardner, Project Director, reports the Spanish translation of the complete *CF!* 0-3 Supplement is nearing completion. Piloted by Catholic Charities and Uplift Family Services last spring, evaluation found (1) significant behavioral changes in parents talking, playing/singing, reading, and affirming their children and (2) parents learned coping strategies to deal with anger and to communicate with their children, the impact of abusing alcohol and drugs on their children, and gained a new awareness of their role as parents. Translated materials will be transferred to *National Association for Children of Addiction (NACoA)* for national distribution.
- *A Family-Centered Program to Break the Cycle of Addiction* by Shirley Sparks, Advisory Committee Member, will be printed in the June issue of *Families in Society* covering 5-years of Uplift’s outcomes.

And, we are delighted to have Linda Sibley, our invaluable editor, back at hard work on the Adolescent adaptation! We greatly appreciate your support and will keep you posted on our progress. I am always happy to answer any questions.

Rosemary Tisch, Director PPI Program Developers *Celebrating Families!*™

Phone: 408-406-0467 email: rstisch@gmail.com

www.celebratingfamilies.net www.preventionpartnership.us

Monitoring the Future 2017 While *cigarette smoking* among adolescents continued to decline and alcohol use showed little change, *marijuana use* edged upward, the first significant increase in seven years: 10% of 12th grade students **vaped marijuana**; 8% of 10th graders. **Binge drinking** was reported by 4% of 8th graders, 10%, of 10th graders, and 17% of 12 graders. Use of *inhalants* significantly increased among 8th grade students from 1.2% to 8.9%. **Heroin** use has always been low and did not significantly change. Misuse of **prescription opioids** continued declining, although not statistically significant. Monitoring the Future 2017. Tables summarizing estimates at: <https://goo.gl/6dR3kK>

Deaths from Alcohol, Drugs, and Suicide Hit Record High in 2016 reaching one every four minutes. The analysis found disproportionately large increases in drug deaths among people of color, while white Americans still had the highest rate of drug deaths, up 19% from 2015. Rates of drug deaths increased significantly between ages of 15 and 34 (29%), those living in the Northeast (32%), and those in metro areas (22%). For the first time, the number of deaths from synthetic opioids surpassed those from heroin and common prescription opioids such as codeine and morphine. **"For each of these deaths, many more Americans are affected, either directly or through family and friends."** *"These new data demand policy makers rethink what communities are affected and what multi-sector strategies are needed. The solution is a comprehensive National Resilience Strategy to combat the deaths from despair."* *Deaths From Alcohol, Drugs and Suicide for People of Color Rise Dramatically, Although Still Below the Rates of White Americans.* Trust for America's Health Press Release 02/22/2018.

Alcohol and Women's Health: Studies Reveal Problems Increases in the prevalence of alcohol misuse and alcohol use disorder point to a growing adverse effect of alcohol on the health of US women. While alcohol misuse by anyone presents serious public health concerns, women have a higher risk. *"The harms associated with alcohol misuse in women escalate more quickly, and at lower drinking levels, than in men, and the damage tends to be more severe,"* NIAAA Director George F. Koob, Ph.D. The prevalence of alcohol use, high-risk drinking (defined as drinking, on any day, four or more drinks for women and five or more drinks for men), and alcohol use disorders increased across almost all sociodemographic groups with the greatest among women, older adults, racial/ethnic minorities, and those with lower educational levels and family income. *"The culture around women's drinking has changed dramatically over the past 50 years,"* says Dr. Roach. *"These days, women often go out for a night on the town with the intention of drinking heavily. Stress is another factor. Women experience higher rates of anxiety and depression than men do, and more often drink in response to negative mood states. But while alcohol may 'take the edge off' anxiety or elevate a depressed mood in the moment, over the long term, alcohol misuse only makes these problems worse."* For more information, visit <https://www.niaaa.nih.gov/www.spectrum.niaaa.nih.gov/features/features-01.html>

Far More U.S. Children than Previously Thought May Have Fetal Alcohol Disorders Based on findings, researchers estimated that fetal alcohol spectrum disorders (FASD) affect 1.1 - 5% of US children, up to five times previous estimates. (About 1.5% of children are currently diagnosed with autism.) The disorders can cause cognitive, behavioral and physical problems that hurt children's development and learning ability. Christina Chambers, one of the study authors and a professor of pediatrics at the University of California, San Diego, said: *"We can provide better services for those kids and we can do a better job of preventing the disorders to begin with."* Accordingly to Susan Astley, director of the Fetal Alcohol Syndrome Diagnostic and Prevention Network at the University of Washington, *"When you identify a kid with FASD, you've just identified a mom who drank during pregnancy and harmed her child."* Dr. Astley said the reliability of the study's numbers was hampered in that only 60% of eligible families in the schools allowed their children to be evaluated and more than a third of those children's mothers declined to answer questions about drinking during pregnancy. Dr. Astley said a diagnosis might inform educational strategies and medical treatment, because some medications, like Ritalin, might work for inherited attention deficit disorder, but not attention deficit symptoms caused by alcohol. Dr. Popova, senior scientist at the Centre for Addiction and Mental Health's Institute for Mental Health Policy Research in Toronto, said **"We have to scream about this problem to the world."** Pam Belluck *New York Times* 2.6.2018.

Being a Sober Parent in a Wine Mom Culture Over a melting ice cream sundae on our first date away from our new son, my partner and I talked about what we'd be doing if we were still drinking. Popular parenting culture doesn't have much room for sober sorts like us. Jokey messages on coffee mugs and T-shirts reinforce the notion that the best cure for the

demands of our children is a generous glass of chardonnay. Parents who don't drink are not offered such a simple solution to stress. Dr. Leena Mittal, a perinatal psychiatrist and addiction specialist at Brigham and Women's Hospital in Boston, said there is a long history of chemical management of women's distress. Tranquilizers widely prescribed to mothers in the 1950s and '60s were known as Mother's Little Helper. *"This sends women the message that their emotions need to be squelched and not addressed,"* she said. As the opioid crisis draws attention to the impact of addiction on families, there may be a new openness to sober parenting. More children are entering the foster care system because of the opioid epidemic. Dr. Mittal said women with the disorder often do not get treatment for their addiction because they fear losing custody of their children. The Family First Prevention Services Act, signed into law on February 8, 2018, provides substance abuse prevention and treatment services to parents whose children are at risk for being removed from their homes. *"Mommy wine culture is just another way some moms are coping with the pressures of parenthood,"* said a mother. *"Drinking as a default makes it difficult to develop other — not instant — coping skills".* Story by Liz Tracy, 3.7.2018 *New York Times*

Extreme Binge Drinking Nearly 13% of the U.S. population 18 and older consumed more than twice the number of drinks considered binge drinking on at least one occasion in the past year. Researchers identified three levels of binge drinking: Level I: 4-7 drinks on a single occasion for women and 5-9 for men; Level II: 8-11 drinks for women, 10- 14 for men; Level III: 12 or more drinks for women, 15 or more for men. Compared to non-binge-drinkers, Level I binge drinkers are 13 times more likely to have an alcohol-related emergency room visit; Level II are 70x more likely; Level III are 93x more likely. 11.28.2017. <https://www.spectrum.niaaa.nih.gov/by-the-numbers/by-the-numbers.html>

Recovery Blog - Knowledge about the effects of addiction on families and the family recovery process has grown exponentially as a result of scientific studies and cumulative clinical experience.

1. Alcohol and other drug (AOD) problems spring from diverse influences.
2. The effects of addiction on the family are influenced by the role of the addicted person within the family, the timing of addiction within the family life cycle, the degree of co-occurring challenges faced by the family, the cultural context within which the family is nested, and the resilience resources and recovery capital available to the family.
3. Addiction can be transmitted intragenerationally and intergenerationally via multiple, interacting mechanisms.
4. Family roles, rules, rituals, and relationships; the frequency and quality of family interactions with kinship and social networks; and the global health and functioning of family members are all severely disrupted by addiction.
5. Family adaptations made to survive the immediate threats of addiction enhance short-term safety and emotional survival and lower threat of family dissolution, but also constitute roadblocks to long-term personal and family recovery.
6. With proper coaching and support, families can play a catalytic role in recovery initiation and maintenance of the addicted family member and the family as a whole. (See interview with Robert Meyers)
7. The recovery of affected family members can begin prior to the initiation of recovery by the addicted family member.
8. Family-focused addiction treatment and recovery support generate superior recovery outcomes.
9. Recovery can destabilize family relationships if families are not provided ongoing support.
10. With support, addicted individuals and their families have the potential to get "better than well."
11. With support families can heal and break intra- and intergenerational cycles of addiction and related problems.
12. Individuals and families in recovery can play a larger role in healing communities.

It is time—no, past time—that the basic unit of service within recovery support service settings shifted from the individual to families and kinship networks. Making that shift will require substantive changes across the addiction treatment and recovery support service continuum. William ("Bill") White, Emeritus Senior Research Consultant at Chestnut Health System, Recovery Historian 12.5.2017. Family Recovery 101.

Celebrating Families!™ and ¡Celebrando Familias! are programs of NACoA (National Association for Children of Alcoholics) offering curriculum materials, technical assistance and training services. For more information please contact: www.celebratingfamilies.net

SPOTLIGHT: *Celebrating Families!*[™]



Celebrating Families! is an evidence-based, skills-building program designed for families who have been impacted by addiction. This program uses an intergenerational approach, engaging parents with substance use disorders, their children through age 17, and the children's caregivers. The program's focus is to prevent children's future addiction while also improving their mental and physical health. The *Celebrating Families!* curriculum is coordinated by the National Association for Children of Alcoholics (NACoA), and has been implemented in over 100 jurisdictions.

How *Celebrating Families!* Works

Celebrating Families! is a 16-week curriculum built on a cognitive behavioral therapy model. These 16 sessions are detailed in a five-volume set, which includes fully-scripted lessons for each age group and provides background information on related topics, such as learning disabilities, domestic violence, and Fetal Alcohol Spectrum Disorders.

The program is intended for 5 to 10 families, with as many as 25 to 30 people participating each week. Each session begins with a family meal. Afterward, family members break into age groups for a 90-minute skill-building lesson led by a group facilitator. At the end of each session, family members reconnect and participate in an activity as a family that builds on the skills learned during the break-out groups. Themes for the sessions include: nutrition, communication, anger management, making healthy choices, and healthy relationships.

Before initiating the program, on-site coordinators are encouraged to provide program staff and volunteers with complete training, which is provided by NACoA. Program coordinators are also urged to implement the curriculum with fidelity and to implement data gathering methods at the outset to measure the program's effectiveness; NACoA provides a set of evaluation tools to help sites with this task.

Building *Celebrating Families!*

This program was created in 2003 for the Family Treatment Drug Court in Santa Clara, CA, at the request

By "going out into communities, learning about communities, tailoring the training to specific community needs, we really have the potential to effect larger community change and really end the cycle of addiction in families."

– Rachel Garner, Trainer,
Celebrating Families!

of then-Supervising Judge P. Leonard Edwards (ret.) with funding support by the Substance Abuse and Mental Health Services Administration (SAMHSA). Building on its early success in the court, the program was then piloted at three community-based sites throughout the city—Friends Outside of Santa Clara County, which assists people who are or who have been incarcerated and their families; EMQ-Families First, a children's mental health organization; and ARH's Parisi House on the Hill, a residential treatment facility for women with children under five. The early adoption of the program in diverse settings helped to demonstrate its adaptability and utility.

In 2007, *Celebrating Families!* was acquired by NACoA, which promotes and disseminates this program to interested policymakers throughout the country. It has been implemented in more than 100 locations in the U.S. and Canada, and is available in English and Spanish. Program coordinators have also created a version for Native American communities.

Eligibility Criteria

The program model is intended for families in which one or both parents have a substance use disorder. Program participants include the parents, children up through age 17, and the children's caregivers.

Different jurisdictions have implemented this program in different contexts and with different sponsoring organizations. Some jurisdictions have connected the program to an existing drug court program, so that in

Spotlight Series: highlighting innovative programs across the nation enacting a comprehensive strategy to address substance use disorders and addiction.

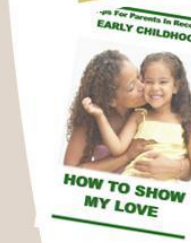
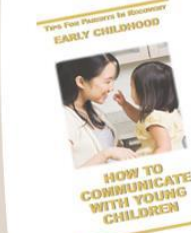
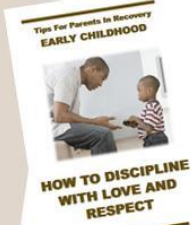
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