8 EVIDENCE-BASED PREVENTION DYNAMICS THAT NURTURE AND SUPPORT BEHAVIORAL CHANGE

2016 OPEC Conference
Ohio Promoting Wellness & Recovery

The Ohio Mental Health and Addiction Services (OhioMHAS) is conducting a statewide rollout of the CLFC Curriculum Series in Ohio as part of their Children of Incarcerated Parents Project through the statewide Urban Minority Alcohol and Drug Abuse Outreach Program (UMADAOP) federation.

THE 8 EVIDENCE-BASED PREVENTION DYNAMICS (EBPD)

1. Connect-Immunity
2. Cultural Sensitivity
3. Buffet Approach
4. Avoiding Absolutes
5. Listening and Validating
6. Trauma-Informed Care
7. Motivational Interviewing
8. Case Management (JIM)

OVERVIEW

Morning:
- CLFC Program Recognition
- The 3 CLFC Programs & Results
- Publications
- Overall Philosophy and Approach

Afternoon:
- Specific Skill Building
- Review Selected Exercises
- Question & Answers

CREATING LASTING FAMILY CONNECTIONS® HAS RECEIVED NUMEROUS NATIONAL AWARDS FOR EXCELLENCE.

- 1996 – Creating Lasting Connections was selected to join the International Youth Foundation's YouthNet for world-wide replication.
- 1997 – Creating Lasting Family Connections was chosen as one of only six programs nationwide for the Center for Substance Abuse Prevention’s model program dissemination project.
Creating Lasting Family Connections® (CLFC) Curriculum Series

1. The Original CLFC Family Strengthening Program
2. The CLFC Fatherhood Program: Family Reintegration
3. The CLFC Marriage Enhancement Program

The Original CLFC Program Evaluation Results

The evaluation results published in the Journal of Adolescent Research (1996) included significant positive results:

Youth showed reduced use and delayed onset of AOD use as parents and youth showed improvements in several specific resiliency factors, including:

- Increased AOD knowledge and beliefs,
- Decreased conflict,
- Decreased family pathology,
- Increased leveling (honest) communication about AOD.

THE ORIGINAL CLFC PROGRAM

Parent Modules
- Developing Positive Parental Influences
- Raising Resilient Youth
- Getting Real Communications Training

Youth Modules
- Developing A Positive Response
- Developing Independence and Responsibility
- Getting Real Communications Training

CLFC Case Management
The Original CLFC Program Evaluation Results

Positive changes in youth resiliency were also reported, including:

- Increased bonding with mother;
- Increased use of needed community services by youth.

The CLFC Fatherhood Program Results

In multiple research studies, CLFC Fatherhood Program participants showed:

- Improvement in all 9 targeted relationship skills

Communication Skills  |  Inter-personal Skills
Conflict Resolution Skills  |  Relationship Management
Intra-Personal Skills  |  Relationship Satisfaction
Emotional Awareness  |  Relationship Commitment
Emotional Expression

- Improvements in those 9 relationship skills that persisted over the course of a year

The CLFC Marriage Enhancement Program Results

- Participants showed improvement in all 9 targeted relationship skills
- Improvements in those 9 relationship skills that persisted over the course of a year
- Comparison group showed no change in relationship skills
PUBLICATIONS

Research on the CLFC Curriculum Series has been published in multiple peer-reviewed journals, including:


PHILOSOPHY AND APPROACH

INCLUDING THE FIRST FIVE OF THE
8 EVIDENCE-BASED PREVENTION DYNAMICS (EBPD)

- Connect-Immunity (EBPD #1)
- Cultural Sensitivity (EBPD #2)
- Buffet Approach (EBPD #3)
- Avoiding Absolutes (EBPD #4)
- Listening and Validating (EBPD #5)

Knowledge, Attitude and Behavioral change takes place in a context...

...in an environment

Family, friends and Communities Matter &
It's all about...

The RELATIONSHIPS

The concept of "Community" has little relevance for some people.

However...

A person can learn to develop healthy new RELATIONSHIPS with themselves and others that can lead to happiness and IMPROVE THEIR LIFE FOREVER.

Increased Self-Bonding Generates Immunity

Bonding With Self:
- Self Esteem
- Self Expression
- Self Confidence

These Skills Increase Our Ability to Resist Other Negative Factors in Our Environment (or in ourselves)
EBPD #1 Connect-Immunity:
A critical protective and healing force in human beings – young or old, rich or poor, male or female. Deep, healthy human connections build strong protective shields (or immunity) to prevent harm and provide both nurturing and healing support even when challenges penetrate this shield.

Connect-Immunity comes from:
- Non judgmental acceptance
- Respect
- Unconditional positive regard
- High expectations from others
- Good information, effective training and support from others

The concept of Connect-Immunity is a constant thread throughout the entire CLFC Curriculum Series...
- The Original CLFC Program
- The CLFC Fatherhood Program: Family Reintegration
- The CLFC Marriage Enhancement Program
Cultural sensitivity is an ongoing process in the CLFC Curriculum Series.
- CLFC was created by a multi-cultural team led by Ted N. Strader of COPES.
- COPES primarily serves minority and underserved urban, suburban and rural populations ... (low-income, homeless, reentry, etc.)
- CLFC programming has demonstrated published results in a variety of settings with several minority (adult, youth, male and female) populations including African-American, Appalachian, Hispanic prison reentry, minority recovering populations, Native American and Asian and Pacific Islander.
- CLFC is in wide distribution nationally and internationally.

CLFC materials and training have been developed in keeping with the new National Standards of Culturally and Linguistically Appropriate Services (CLAS).

We committed to providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

We recommend participating organizations to also incorporate these CLAS standards.

Cultural Sensitivity is a process. When working with new populations, it is important to both think about and learn about the culture(s) of those you intend to serve with sensitivity.

The most effective approach appears to include demonstrating an openness to learning from the service population themselves.

So, for example, we engaged in the following series of steps to assist in making the CLFC experience CULTURALLY SENSITIVE and rewarding for urban, suburban and rural prison reentry and recovering populations.

When we thought about reentry populations, we knew they had experienced health disparities and trauma. We hypothesized that we would serve predominately low-income men. Mostly African American and white, some Rural African American and rural/Appalachian white, and a low to moderate number of Latinos.

However, during the needs assessment process, we greatly expanded our understanding of reentry culture and embracing the diversity.
(Using focus group technology with partner agencies and re-entry/recovery/HIV target populations we expanded our understanding of reentry cultural representation.)

In addition to white and African-American culture, we would benefit from addressing...

1. Male Culture
2. Female Culture
3. Criminal Culture
4. Culture of Poverty
5. Black Urban
6. Black Rural
7. Isolates
8. White Urban
9. White Rural
10. White Appalachian

This led us to think about our own CLFC program as an ACCULTURATION process.

CLFC (or PREVENTION) can be thought of as a cultural evolutionary or revolutionary process.

CLFC is:
- A Culture of Connection
- A Culture of Respect
- A Culture of Hope and Happiness
- A Culture of Selected Trust
- A Culture of Personal & Family Responsibility
- A Culture of Acceptance
- A Culture of Recovery
- A Culture of Influence (vs. Control) in Relationships

So, we decided on the following as a strategy of demonstrating cultural sensitivity:

To train staff to develop and demonstrate all of the following:

- Openness and acceptance to all individuals from all cultures
- The ability to validate everyone's culture(s)
- The ability to non-judgmentally ask all individuals of various cultures to consider if their culture (or family) might benefit by adopting any CLFC concept (or not)?

- The ongoing ability to be welcoming to all

- The ability to train voluntary participants who choose to allow our facilitators to play the role of facilitator

   (I.e., Participants agree to let our staff facilitate while also enjoying the right to complain to the Executive Director/Independent Ombudsman if undesirable facilitation decisions are ever demonstrated)
• The ability to ask for respect and openness toward our staff, too.

• The willingness and ability to offer and serve food, water and other acceptable beverages to all participants at every meeting and to ask for personal or cultural preferences in this area. (i.e., vegetarian, Muslim diet, Jewish diet, food allergies, etc.)

• To hire and employ a range of individuals of various cultures to assemble a staff who were all successfully able to integrate CLFC into their own lifestyle without losing their own culture.

  (i.e., Gay Male
  Muslim Fathers
  Black Mothers
  Re-entry Married
  White Rural Single
  Recovery Ages 20 something
  Female to 65)

• A "We, the people" approach rather than the "You people" approach to all topics.

• A highly interactive approach while being radically present by listening.

• The ability to be non-judgmental of past, current or future behaviors (while giving feedback of care and concern from our own CLFC cultural perspective).

• The appropriate use of rituals, music, humor, story telling, and lots of rich and culturally representative examples and appropriate self-disclosures by staff (without ever requiring any individual to participate).

• Appropriate role modeling and mentoring of CLFC skills.

• A willingness to respect physical space needs in room selection and set-up.

• The use of multiple research methods to obtain data from a variety of cultural experiences (i.e., retrospective, experimental design, and record data on behavior).

• The use of multiple cultural concepts and examples whenever possible and to ask for input or examples from participants.

• The ability to refrain from asking participants to do anything we are not willing to do as facilitators. (Participants can always ask us to go first.)

• Credibility by focusing on applied research along with staff and participant experience and giving clear examples and making precise distinctions.

• Very clear behavioral expectations for group interactions and a respectful role for facilitators in managing the group.

• i.e., cell phones, texting, smoking, bathroom breaks, guests, absences, make-up sessions, information sharing and confidentiality.
EBPD #3 BUFFET APPROACH

- CLFC is presented in a manner similar to a buffet, dinner style approach... take as much as you want of whatever you like
- Participants are encouraged to freely decide to incorporate only whatever they think may be helpful
- The "Buffet Approach" recognizes and validates freewill and self-determination

 Ebony &  Ivory

EBPD #4 Avoiding Absolutes

It can be helpful to avoid the language of absolutes to reduce power struggles.

<table>
<thead>
<tr>
<th>Avoid Absolutes</th>
<th>Preferred Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>Often, Usually, Sometimes</td>
</tr>
<tr>
<td>Never</td>
<td>Rarely, Usually won't</td>
</tr>
<tr>
<td>Will</td>
<td>Can, Often, Probably</td>
</tr>
<tr>
<td>Must</td>
<td>Can, May, Probably, Might</td>
</tr>
<tr>
<td>Should</td>
<td>May, My experience leads me to...</td>
</tr>
<tr>
<td>It's a Fact</td>
<td>It appears, I believe, I suspect</td>
</tr>
</tbody>
</table>

EBPD #5 Listening and Validating...

is "A Higher Love"

People listen and Learn when:
1. They feel listened to
2. They feel cared about
3. They feel connected with

CONNECTIMMUNITY IS
THE CLFC APPROACH

AFTERNOON SESSION

8 Evidence-Based Prevention Dynamics That Nurture and Support Behavioral Change
Specific Skill Building and Questions & Answers

- Thinking and Feelings (An example of EBPD #5)
- Trauma-Informed Care (EBPD #6)
- Motivational Interviewing (EBPD #7)
- Case Management (JIM) (EBPD #8)
- Optional Review of Selected Exercises
- Questions & Answers

The CLFC Thinking and Feeling Exercise

(An example of EBPD #5)
(See Handout)

The CLFC Curriculum Series Training Supports the Principles and Practices of Both Trauma-Informed Care and Motivational Interviewing

EBPD #6 Trauma-Informed Care is an approach that emphasizes:

- How an individual's life may be affected by trauma
- How trauma may affect one's response to behavioral health services

Trauma-Informed Care is an individualized approach that:

- Recognizes past (and current) trauma
- Examines the long-term effects of trauma
- Recognizes strengths and creative adaptations and resilience
- Recognizes its relationship to substance abuse and other psychological symptoms

It is helpful to think of trauma as a subjective experience. An experience that a service provider thinks of as trauma might not be trauma for the individual, and an experience a service provider doesn’t think of as traumatic might be traumatic for the individual.
The Importance of Trauma-Informed Care

Trauma-Informed Care Promotes:

- Safe expression of feelings
- Relief from symptoms and post-traumatic behaviors
- Recovery of a sense of mastery and control in life
- Corrections of misunderstanding and self-blame
- Restoration of a sense of trust in oneself and the future
- An enhanced sense of safety and security

Emerging Practice Standards of Working with People Who Have Experienced Trauma:

- Build relationships based on respect, trust and safety.
- Use a strengths-based perspective.
- Frame questions and statements with empathy, being careful not to be judgmental.
- Frame the client’s coping behaviors as ways to survive, and explore alternative ways to cope as part of the recovery process.

- Respond to disclosure with belief and validation that will inform practical issues related to care.
- Help the client regulate difficult emotions before focusing on recovery.
- Acknowledge that what happened to the client was bad, but that the client is not a bad person.
- Recognize that the client had no control over what happened to them. Let them know that the way they survived during the traumatic experiences was actually their way of resisting what was happening to them and of saying no, even if it did nothing to stop the person behaving abusively.

- Provide an appropriate and knowledgeable response to the client that addresses any concerns they may have about the services offered to them, and then use this knowledge to guide service delivery.
- Watch for and try to reduce triggers and trauma reactions.

To Create a Climate of Hope and Resilience

- Acknowledge the client’s abilities to survive and even grow from adversity.
- Acknowledge the strength it has taken for the client to get to where they are now.
- Refer to the client as "someone who has experienced trauma," and who is more than what has happened to them. Focus on healing and recovery as possible.

To Create a Climate of Hope and Resilience

- Move beyond mere survival to the context of a healing process, and let the client make decisions about their path toward healing.
- Let the client know that you believe in them and support their efforts to heal.
Trauma-Informed Care Examples

- Judgmental versus Nonjudgmental responses
- Validating
- Physical Space
- Framing Maladaptive Behaviors as Survival and Finding New Ways to Grow

Judgmental versus Nonjudgmental Responses

A reentry client experiences relapse over the weekend. They say they went to a party and used. **What are some possible responses?**

A. Judgmental responses
B. Nonjudgmental responses

Validating

You are driving a long distance on your vacation. Two hundred miles from your destination, you encounter stalled traffic on the interstate. The last exit was five miles back. Up ahead you see police vehicles, flashing lights and several people crowded at the front of the stalled traffic line.

**How might you feel?**

A. Validating response
B. Non-validating response

Validating

While watching the lottery drawing on TV, you realize that you have the winning numbers. You go to the kitchen counter to get the ticket and discover it is no longer there. You frantically ask everyone if they have seen it. Your teenager states that he thought it was an old one and threw it away.

**How might you feel?**

A. Validating response
B. Non-validating response

Trauma-Informed Care Respects Physical Space

- Reception Area
- Meeting Room
- Exits and Lighting

Framing Maladaptive Behaviors as Survival

Validate both your strengths and weaknesses. They have helped you to survive. Yet, recognize there may be ways to turn weaknesses into strengths.
EBPD #7 Motivational Interviewing

Motivational Interviewing (MI) is "a collaborative communication style for strengthening a person's own motivation and commitment to change."

Motivational Interviewing (MI)

8 Essential Elements of MI:
- Control and Choice – People tend to feel more motivated when it is based on their personal choice
- Nurture Change Talk in Clients and Recognize/Validate ambivalence
- Hope – have high expectations for all clients
- Exude Acceptance

MI Methods and Skills include O.A.R.S.

O = Open-ended questions
A = Affirmations
R = Reflective Listening
S = Summarizations

Open-Ended Questions

- What would you like to see different about your current situation?
- What might happen if you don’t change?
- Tell me more about when this first began.

Affirmations Related to Strengths, Struggles, Successes, etc

- Your commitment really shows by how much you’ve already accomplished.
- It’s clear that you are really trying to change your behavior.
- In spite of what happened last week, your coming back today reflects that you’re concerned about changing your behavior.
Reflective Listening

Reflective Listening involves careful listening, validation and responding with accurate empathy

- It sounds like you recently became concerned about your behavior.
- I get the sense that you are wanting to change, and you have concerns about your behavior.
- What I hear you saying is that your behavior is not much of a problem for you right now.

Practicing Accurate Empathy
(2 Times)

1. Mary Had A Little Lamb...

I want members of the audience to please give me both extremely accurate and extremely inaccurate reflections for fun.

2. Mary Had A Little Lamb...

Summarizations

It sounds like you are concerned about your cocaine use because it is costing you a lot of money and there is a chance you could end up back in jail. You also said quitting will probably mean not associating with your friends anymore. That doesn't sound like an easy choice.

Summarizations cont....

Over the past three months you have been talking about stopping using cocaine, and it seems that just recently you have started to recognize that the "not so good" things are outweighing the good things. That, coupled with your girlfriend leaving you because you continued to use cocaine helps me understand why you are now committed to not using cocaine anymore.

EBPD #8
Case Management,
(with Optional Joint Intervention Meetings),
Referrals and On-Going Follow-Up

CLFC and Case Management

- Comprehensive and culturally sensitive case management and referral is an integral element of the CLFC Curriculum Series.
- Case managers meet privately with participants and (possibly) their family members to listen, validate, assist, support and make appropriate referrals to other community agencies.
- Case managers may refer participants for issues related to transportation, housing, education, child support, job skills development, mental health, substance use disorders, trauma and more.
Case Management Services
We suggest CLFC facilitators/trainers call local service providers to gather the following types of information:

1. The types of services available (in-patient, out-patient, family therapy, marital counseling, chemical dependences treatment, etc.)
2. Eligibility requirements of the service provider (age, gender, etc.)
3. Cost to the participant being referred (sliding scale, hourly or by service)
4. Insurance-related issues relevant to the participant accessing services.

Optional Joint Intervention Meetings (JIM)
Reentry and recovery populations have experienced and have typically addressed some personal attitude and behavioral issues along their path to an improved future.

Therefore:
- This population often has other family members, friends, counselors, ministers, probation officers, therapists or others who are invested in their long-term success.
- We developed a special approach to case management called the Joint Intervention Meeting (JIM).

Joint Intervention Meetings involve:
- A specialized way of encouraging, supporting and setting up accountability partners
- A high level of partner agency collaboration
- Transforming the interactional pattern with reentry participants from a reactive punitive response to a proactive, positive response
- Trauma informed care and motivational interviewing skills

Ongoing Follow Up
- Following each JIM meeting, CLFC case managers stay in regular contact with each participant and continue to observe and track the participants’ ongoing behavior to help maintain health, wellness and success.
- Case managers provide appropriate support and referral for CLFC participants (and their families) before, during and after participation in a CLFC program.

These 8 Evidence Based Prevention Dynamics also lead to Happiness...
REVIEW SELECTED EXERCISES
QUESTIONS & ANSWERS

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