



PREFACE

History

Celebrating Families! was created by Rosemary Tisch, M.A. and Linda Sibley, M.A., at the request of Judge Leonard Edwards the Supervising Judge of the Santa Clara CA Juvenile Dependency Courts (now retired) who asked for the development of a program for use with families in Family Treatment Drug Court.

The curriculum incorporates research from the fields of prevention, addiction, fetal alcohol spectrum disorders, and learning differences specific to knowledge and understanding of children of alcoholics/addicts. In January 2003, the pilot of *Celebrating Families!* began in partnership with the Department of Family and Children's Services Agency in Santa Clara County CA with implementation funding from SAMHSA¹.

By 2007, the program was run by Santa Clara County Department of Social Services for families in Family Treatment Drug Court and all families with substance abuse problems were referred to community-based replication sites within the county. Outside of Santa Clara County, CA, there are trained facilitators in eight states and five additional California counties with replication sites in California, Indiana, Idaho, and Georgia. In May 2007 the curriculum transferred to the National Association for Children of Alcoholics to facilitate distribution of the program more widely.

Early Evaluation Findings

Early studies yielded impressive preliminary results:

- Positive impacts on parents: statistically significant results with very large effect sizes indicating parents increase their social, emotional, coping and health promotion skills and that the risk of addiction is decreasing overall.
- Positive impacts on families: statistically significant results with very large effect sizes indicating increased family communication skills, organization and cohesion.
- Positive impacts on children: large effect size results for children's covert aggression and decreased attention deficit disorder/concentration problems.²
- Significant reduction in time to family reunification to 6-12 months for participants in Family Treatment Drug Court.³
- Effective with Hispanic populations.⁴

¹ SAMHSA (Substance Abuse and Mental Health Services Administration)

² Kumpfer, Karol. LutraGroup Year One (FY '05 – '06) Evaluation Report for *Celebrating Families!* Grant July 15, 2006.

³ Quittan, Giorgio A. *An Evaluation of the Impact of the Celebrating Families! Program and Family Treatment Drug Court (FTDC) on Parents receiving Family Reunification Services*. Social Work 298 Special Project Presented to the Faculty of the College of Social Work San Jose State University. April 2004.

Writing Team

Rosemary Tisch M.A.: Rosemary founded the California based Kids Are Special program and the Family Education Foundation, which focused on the prevention of substance abuse in high-risk populations. She provides training on chemically dependent families and programs in Russia, Ukraine, and Mexico, as well as in the United States.

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David L. Sibley: David is the Executive Director of Family Resources International. He is also a co-trainer with Linda in the US and Russia.

Julie Scales: Julie is the past Executive Director of Legacy Foundation located in San Mateo County, CA and of The Children's Place Program, the oldest alcohol/drug prevention education program in the country for children ages 5-13 years.

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Editing Team

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Cari Santibanes: Cari is the Program Director for Friends Outside in San Jose, CA and a trainer and Fidelity Coordinator for *Celebrating Families!* Cari is a licensed Marriage and Family Therapist and certified learning disability specialist.

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⁴ Coleman, Kent D. *The Success Rate of Hispanic vs. Non-Hispanic Participants in Celebrating Families!* Social Work 298 Special Project, San Jose State University. May 2006.



Mission

To maximize participants' potential to be healthy, responsible and addiction free

Goal

To increase resiliency factors and decrease risk factors in participants' lives

Objectives

1. To break the cycle of addiction in families by:
 - a. Providing a safe, nurturing place for participants (children and parents) to talk and explore their feelings and choices
 - b. Facilitating trust through a process of bonding with consistent role models
 - c. Assisting participants in developing their self-awareness and self-worth
 - d. Educating participants about chemical dependency as a disease and how it affects family members
2. To decrease participants' use of alcohol and other drugs by increasing their knowledge and use of healthy living skills:
 - a. Participants will develop better communication skills.
 - b. Participants will learn how to express their feelings appropriately.
 - c. Participants will be able to demonstrate anger management skills.
 - d. Participants will increase their knowledge of the impact of alcohol, and prescription and illegal drugs on children, individuals and families.
 - e. Participants will be able to use problem solving and decision making skills.
 - f. Participants will develop coping skills to deal with stressful situations.
 - g. Participants will develop a list of resources they can turn to for help.
3. To work with Family Treatment Drug Courts and other agencies to help them:
 - a. Increase:
 - i. Rate of family reunification, family organization and cohesion
 - ii. Rate of successful completion of Treatment Drug Court
 - iii. Positive parent/child interactions
 - iv. Children's well-being and functioning: knowledge of chemical dependency, their future use of chemicals, and use of healthy living skills
 - v. Social responsibility of participants (employment, service to others).
 - b. Decrease:
 - i. Time to successful family reunification
 - ii. Parental substance abuse and relapse

Curriculum

Intakes

Before starting *Celebrating Families!* it is important to meet with families. Consider holding these meetings in their homes or places of residence, when possible and when staff feels comfortable doing so. Begin by introducing yourself and learning about their family. Then, explain how the program helps families and cover program expectations, including the importance of being on time, weekly attendance at *Celebrating Families!* and being clean and sober throughout the program. This is a good time to remind families that *Celebrating Families!* is neither treatment nor continuing care – this program is for their family. It is important that they continue their attendance at Twelve Step programs and/or aftercare in addition to attending *Celebrating Families!*

Three forms are included in the Handouts section (pages 5 – 11) to guide your meeting:

- Participant Enrollment Form
- Participant Commitment Form – including Children
- Family Intake Form

Take the time to read these forms out loud with families, as you will not yet know their ability to read English or their cognitive abilities. If you are participating in an evaluation study, this is also a good time to complete pre-instruments, without the time pressure of completing them during the first meeting.

Session Topics

- Session 1: Orientation and Getting Started
- Session 2: Healthy Living
- Session 3: Nutrition
- Session 4: Communication
- Session 5: Feelings and Defenses
- Session 6: Anger Management
- Session 7: Facts About Alcohol, Tobacco and Other Drugs
- Session 8: Chemical Dependency Is a Disease
- Session 9: Chemical Dependency Affects the Whole Family
- Session 10: Goal Setting
- Session 11: Making Healthy Choices
- Session 12: Healthy Boundaries
- Session 13: Healthy Friendships and Relationships
- Session 14: How We Learn
- Session 15: Our Uniqueness
- Session 16: Celebration!

Comments

This cognitive/behavioral support group curriculum consists of a 30 minute family dinner, a 90 minute session on the weeks topic, followed by a 30 minute structured activity for the whole family. It is highly interactive, developed specifically for children of alcoholics/addicts and their parents, many with learning differences. Information taught includes:

<p style="text-align: center;">Skills</p> <ul style="list-style-type: none"> • Anger management, keeping out of fights • Communication: Use of “I” messages, ways to communicate, active listening • Appropriate expression of feelings, understanding defenses • Boundaries • Saying no to others • Choosing safe and trustworthy friends • Problem solving: Steps in making a decision, dreams and goal setting • Identification of safe people • Meditation/centering/relaxation 	<p style="text-align: center;">Information</p> <ul style="list-style-type: none"> • Facts about alcohol, tobacco, prescription and illegal drug use; addiction; brain chemistry • Facts about how chemical dependency affects families, friends and relationships • Risk and protective factors • Recognition of the influence of media and advertising • Facts about domestic violence • Learning differences and FASD • Knowledge that we are part of something larger than ourselves (Wonder of the World moments) • Resources
<p>Insights</p> <ul style="list-style-type: none"> • Self-Worth/Self Efficacy: Recognizing and celebrating each person’s uniqueness • Helping others: Acts of kindness • Affirmations: Importance of 1-on-1 time with children, telling children “I love you” 	

Session Components

Each session of ***Celebrating Families!*** is structured exactly the same. This is important because people in recovery and children of alcoholics/addicts (COAs) especially, need agreed upon, predictable, and clear expectations in order to increase safety and build trust. It is highly recommended that the following format be followed exactly every week:

Family Dinner

Meals are served for the whole family, modeling how to have a family dinner. (Many families suffering effects of chemical dependency rarely eat together). We suggest that group leaders/facilitators serve the food, then sit with families as they eat. (It is best for staff to serve meals, due to possible issues of food hoarding.)

Opening

How the group begins often establishes the outcome. It is important to plan and to utilize the first few minutes of each session to build and strengthen the group. The same “ritual” opening creates a sense of safety and “I can count on this.” Try to keep openings to 10 minutes. Openings: Create an atmosphere in which participants are comfortable, build or re-establish trust and initiate group interaction.

Centering

Play calming music to help center participants. Warmly greet participants, immediately directing them to an activity.

Group Agreements (Limits and Consequences)

In dealing with individuals who are not used to living with clear messages about appropriate behavior, it is important to establish immediately what will be expected. A complete list of rules and how to present them is included in session plans. Setting limits and enforcing consequences, if done with care and firmness, facilitates an environment of consistency ensuring trust and safety and makes sessions more fun and rewarding.

Rules and consequences (agreements) need to be posted and reviewed at the beginning of each session. The review reminds all participants about appropriate behavior. Sadly, this may be the only place in the participant's day-to-day experience where limits are clear, making the setting safe.

Group facilitators may be reluctant to set limits and to follow through with appropriate consequences because it might inhibit a "friendly" relationship. Participants need our loving concern with predictability. The following suggestions may assist group facilitators with this task:

- Identify the personal concern that contributes to your discomfort about limit setting (your own family of origin rules, need to be liked, not wanting to be the "bad guy or gal", fear of manipulation, etc.)
- View limit setting as healthy role modeling for the participants on how to set limits effectively for themselves and their families, not as punitive behavior.
- Formulate some guidelines and consequences prior to your first session. These can be used as a framework for the process of creating limits.

Opening Activity. The Opening Activity is usually a game or centering exercise designed to involve participants as soon as they arrive. It is done consistently in order to help participants begin to develop trust and a sense of safety. "I know what is going to happen when I arrive at group." The activity begins the meeting in a positive and fun way and usually relates to the session theme. It is meant to give participants an enjoyable experience to prepare them for the session's teaching time.

Review. Teaching begins with a short review of the previous session's content. If you have new participants be sure to welcome them during this time in a way that makes them feel part of the group. For instance, you might tell them that the review is for them and have the rest of the group share what they learned last week. The Review section includes check-in, announcements and Affirmations of Children for parents and Acts of Kindness for all children.

Acts of Kindness. This activity is in response to research (Search Institute's 40 Developmental Assets and Resiliency Studies) indicating that reaching out to others is an important part of equipping children to live a healthy life. However, reaching out to others is not something children or adults are automatically inclined to do. To guide them in this direction, children (and later families) are asked to do one kind thing for someone else each week. This is to be done without accepting anything in return. In the group, children and eventually parents report what they did each week. These Acts of Kindness are added to a continuously growing list. As the list grows, participants visually see how their

small acts of kindness add up, and discover that they make a difference in their families and communities!

NOTE: *Leaders should also point out acts of kindness they see being performed by participants during group sessions. Add these to the list!*

Insights for Living

Teaching Content. Following the review, the main theme of the session is presented during a short instruction time. Incorporated into the teaching time are learning activities that further teach the session theme. *Celebrating Families!* is an interactive curriculum with lots of discovery, learning and role-play activities. Although each lesson is fully scripted, this is solely intended as a guide. **Do not read** the scripting. Highlight text or pick ideas and place them on index cards.

Limit how much you read and talk – DO ACTIVITIES! Adapt this curriculum for your participants. Change language and role-plays based on the age, language and culture of your group members.

Closing

As in the Opening Activity, each session closes in the same way. This brings a sense of ritual to the group, which is important to creating a sense of belonging. How a group ends is as important as how it begins. Group facilitators need to leave sufficient time to summarize briefly what occurred in group and to put closure to the session. Closure does not mean that all issues have been resolved or that everything planned has been accomplished. Closure means that the time for this session is ending and we need to name it, accept it and take leave of this portion of the day. Closure ends a particular session, builds a bridge to the next session and honors what has happened in this session.

The purpose of concluding this section with the Unity Prayer or Serenity Prayer is to help participants learn alternative concepts of spirituality and that they are part of something larger than themselves. Additional aspects of the closing activities include:

Having participants think about **quotes from Twelve Step programs** and great leaders (such as Martin Luther King, Gandhi) and applying them to their lives.

“WOW” moments (wonder of the world) which are introduced midway through the curriculum, ask participants to begin to see the beauty in the world around them.

Connecting with My Family

The activities used during this time are specifically designed to help families apply each session’s theme. It is important that all group leaders are encouraged to participate actively during Connecting with My Family.

Book Exchange: At sites where families have time together between sessions, it is suggested that you have available children’s books for families to take home each week to read together. Several of the large book stores will provide children’s books as a community service.

Program Topics

Families affected by chemical dependency have:

Family Rules

Don't trust
Don't talk
Don't feel

False Beliefs

Caused the disease
Can cure the disease
Can control the disease

Family Members Lack Information About Themselves

Don't react normally	At risk for abuse, family violence
High risk for addiction themselves	At risk for learning differences, fetal alcohol spectrum disorders
Focus on alcohol/drugs	

Need to Learn:

Facts:

About alcohol, tobacco,
prescription and illegal
drugs use
Addiction and brain chemistry

Learning differences and FASD
Whole family is affected
They are at risk
Resources

Healthy living skills:

Anger management
Appropriate expression of
feelings and defenses
Boundaries
Communication
Refusal skills

Choosing safe and trustworthy friends
Meditation/centering/
relaxation boundaries
Problem solving, dreams, and goals
setting

They are unique and special!

Knowledge that they are a part of something larger (Wonder of World)
That they make a difference (Acts of Kindness)
How to affirm themselves, their children and others

What they need (especially those with learning differences)

- * Structure: Agenda, consistency, clear/consistent consequences, patience and support
- * Multi-Sensory Instruction: Do, hear, see, write
- * Living Skills
- * Help with rage and impulse control
- * Validation: affirmations

Importance of Words

The words we use support or undermine the messages we are attempting to impart through lessons and activities.

- **Alcohol, Tobacco, and Other Drugs** – instead of alcohol, tobacco OR other drugs (ATOD)
- **An individual with** chemical dependency, or learning differences – instead of a chemically dependent person, etc.
- **A family affected** by chemical dependency – instead of a chemically dependent family
- **Children of Addicted Parents** – are referred to as COAs
- **Learning Differences or Learning Styles** – instead of Learning Disabilities
- **Fetal Alcohol Spectrum Disorders** – instead of Fetal Alcohol Syndrome

Special Acknowledgements

NACoA wants to acknowledge the children and families who have lived with the impact of alcohol and other drug abuse and have completed this program. Every day it takes effort to understand this family disease, try to heal from its impact, maintain recovery and lead better lives. They teach us what matters and why it is so important that we continue to do this work.

NACoA also wants to acknowledge and thank all of the writers, researchers, therapists, practitioners, and program volunteers who have contributed to this curriculum and have given NACoA permission to use their material.

Effective Group Leadership

Group Facilitators/Leaders

Walk the Talk

Group facilitators act primarily as advocates for group participants. They need to create a safe and consistent environment in which each participant is empowered to begin the journey of recovery. We recommend that whenever there are more than five participants that groups be led by two leaders (one male, one female when possible). The working relationship between the leader and co-leader becomes an experiential model of what an effective and healthy relationship between two adults can look and feel like. This relationship is as important as information that is shared.

Co-Leadership – Partnership

Leaders and co-leaders working cooperatively create a positive group experience for all. Leaders need to meet at least 30 minutes before each scheduled session to preview material and determine who is responsible for presenting which lesson sections. Be sure to discuss:

1. Who will...
 - a. Organize and plan group process each week
 - b. Write the weekly progress/activity notes
 - c. Make participant follow-up when necessary
 - d. Clean-up after group

2. Learn about each other – share previous group experience and personal leadership style. For example what are your:
 - Previous experiences with children?
 - Personal/professional assets and liabilities?
 - Special talents: dancing, singing, drawing, dramatic skills?
 - Expectations of the group process?
 - Preferences for dealing with professional disagreements?
 - Ways to be mutually supportive of one another?
 - Styles of directing group process?
 - Preferences for dealing with limits and consequences?

3. Be open to feedback! The leader and co-leader relationship is one of mutual learning. Both need to be able to give and to receive feedback from one another and from their supervisor. If you need help, ask. Honest, non-judgmental feedback strengthens the leader/co-leader bond and the group process.

4. Co-leaders must take time to review each session together. At this meeting, determine your role (Who is 'lead' trainer, who is 'co-leader') for different topics or activities. The co-leader role is to observe participant responses, list, print, or draw as needed – while the leader presents. 'Trading off' leading and supporting roles for different activities adds interest to the presentations and strengthens the co-leader's credibility – increasing the value of their participation in all activities.

Group Facilitator Roles and Tasks

Celebrating Families! groups are educational in nature. Group leaders/facilitators provide participants with information and serve as healthy role models and advocates for successful recovery. Groups are designed to develop a safe and consistent environment in which participants can learn:

- The facts about alcohol, tobacco, prescription and illegal drug use.
- How alcohol, tobacco, prescription and illegal drugs affect an individual's body, mind, and emotions.
- How alcohol, tobacco, prescription and illegal drugs affect children, families and relationships.
- How addiction can be faced with courage, creativity and detachment.

Leaders facilitate the learning of skills and ideas – they do not “teach” except in the generic sense that we all teach each other. Leaders help group members learn from themselves, from each other, and from the leaders. One of the best ways to make a point with a group member is to get another group member to share his/her ideas. Learning is primarily done through:

- Participation in role – plays and their debriefing.
- Discussion of healthy living skill steps.
- Sharing of ideas.

People choosing to work with children often say they “love” and “care” for children. Using *love* and *care*, let's look at what skills a group leader needs

L	LISTEN	C	CONSISTENCY
O	OBSERVE	A	AFFIRMATION
V	VALIDATE	R	RESPECT
E	EDUCATE	E	EMPOWERMENT

Group facilitators need to

- Listen to what the participant is saying (verbally and non-verbally)
- Provide positive affirmations
- Provide alternatives
- Provide participants with information they need
- Organize and plan group sessions
- Objectively observe participant's behavior alone and their interaction with other parents, children and peers
- Attempt to understand the participant's perspective
- Respond in a non-judgmental manner
- Allow participant to grow through their pain
- Keep accurate records/charts
- Leave group process and problems in group

IMPORTANT!

If you have little or no knowledge of learning differences and attention deficit hyperactivity disorders (LD, ADHD), please do some reading on these subjects.

Flipcharts: Print exactly what participants say. Use block, capital printed letters and colored pens, not black.

Keep It Simple – Give one direction at a time: People with learning disabilities are not mentally retarded. They may have problems with processing and memory. To foster greater understanding and learning of skills and materials during each session use shorter words and sentences requiring less processing.

Lectures Do NOT Work: When leaders spend a lot of time lecturing, the participants frequently “check out”.

Involve Participants As Much As Possible: This usually helps keep their attention. Having interaction keeps participants involved with a hands-on task. Remember, most individuals learn by doing.

Role-Play: Role-playing (learning by doing) is a very important component of this program. Participants may not remember each step to a skill, but they will remember the experience and feelings.

Stay on Track: Keeping the group on track is a real challenge. When you feel the discussion is getting off target or is not meeting the needs of the majority or that a participant is speaking too long or too often, you might try some variation of the following:

- “That is a great subject; I could talk about it for hours. But I’m afraid that if we do that, we won’t get our goals accomplished.”
- “That is an interesting idea” or “This is very interesting, but since we have limited time for discussion right now, we need to move on.”

Fiddling: Fiddling with something or staring into space does NOT necessarily mean that a person is not listening. Some individuals (especially those with LD, ADHD) listen better when their hands are occupied or when they are staring at the ceiling.

Commitments

1. **Schedule Time:** Group leaders must be present all 16 weeks. Changes of group leaders or schedules are disruptive. All group leaders need to arrive early for supervision, organize their visual aids, help serve dinner, provide their group, help with Connecting with My Family, clean up, and attend a brief debrief of the evening.
2. **Be A Believer:** When presenting this material it is essential that each facilitator approach the participants – and the ideas/strategies presented – with an open mind and a sincere interest in supporting the Mission of the program. To achieve success in presenting the skills and information of the program, each facilitator:
 - Must believe that there is a benefit.
 - Have the skills to lead.
 - That participants are worthy of your efforts.
 - Believe participants are able to benefit from the experience.

3. **Curriculum:** Stay close to the curriculum but do NOT read the pages directly to participants. You need to make this material yours – take the session pages and highlight what you want to say or write it on index cards. On the other hand beware of the temptation to process material, branching into ‘therapeutic discussions’. Keep the focus on skill building and education.
4. **Structure:** Each session is structured with an agenda. Explain your structure and your rules for the day and stick to them. Post and review group rules frequently.
5. **Pace:** The curriculum is fast paced. Keeping discussion and role-plays moving helps maintain the interest of individuals and allows you to cover more material.
6. **Use all participants’ senses for teaching:** Present information so that participants can see it, hear it and feel it. Don’t ‘read’ pages. Role–plays are very powerful and important parts of this program. They allow participants to ‘practice’ skills and strategies they are learning.
7. **Disruptive participants:** If someone continues to disrupt the group to the point of making it impossible for others to follow or enjoy it – talk to that person privately and let them know that their behavior must change. Be as positive as you can – but above all be very clear and be firm. Explain that the group is for everyone. The deliberately disruptive or hostile participant’s objective is to make it impossible for the trainers to present the curriculum. They need to be confronted immediately, such as during a break time or asked to stay after the session. A hostile participant is making the choice to disrupt the group, so the consequences are his/her choice.
8. **Self-disclosure:** Leaders need to share enough that participants feel they are not being judged when they are asked to share. Keep in mind, however, that if you are talking participants are NOT. Trainer sharing should be brief and to the point. It is almost impossible for leaders to present this material, without being affected by some of it themselves. Be cautious about sharing your thoughts and feelings before you have processed it in a healthy way. The program is only about the participants. If you experience unexpected personal reactions to the material – please discuss these issues with your administrator.

Creating a Safe and Consistent Group

Building Trust

- Know your subject! Be knowledgeable in the field – able to answer questions honestly, with factual knowledge and statistics.
- Be real. Share your experiences. Personal experiences can enrich the impact of this curriculum when shared appropriately. There is a difference between brief disclosure for an educational point and exposure of past or present pain.
- Remember that to be healthy, laughter and relaxation are as important as reading and writing.
- Review importance of Openings, Closings, and Limits/Consequences.

Confidentiality

As a group leader/facilitator you are a mandated reporter. Be sure to know the guidelines and procedures. Be honest with participants explaining that you are a mandated reporter

and if they share with you that they are being harmed or might harm themselves or another person, this is something that you must share with others. Be sure to restate this several times during the sessions. When you must report (it will happen) let the participants know. Be honest and straight with the participants that you are worried about them. As they begin to trust you and share about alcohol, prescription, and illegal drug use by themselves and their friends and families, it will be important for you to honor their trust – do not inappropriately share this information with others in meetings or outside the session.

Important

Respect the confidentiality of each participant. Be cautious about sending home any papers or drawings from the group. This also means that we do not discuss with parents the specifics of a child's group participation. The child must feel safe to say and to do what is necessary for her/his recovery without fear of being exposed.

Reminder

Remember as a group leader you are a mandated reporter. You must know and follow the guidelines of your agency about informing Child Protective Services if a participant reveals that they are being harmed or might harm themselves or others. (Know the procedures established in your agency.) See material on Handling Sensitive Issues in "Getting Started".

Teaching Healthy Living Skills Steps

- 1. Discuss:**
 - a. Why is this skill important?
 - b. What if you don't/can't do the skill?
- 2. Present steps for the skill:**
 - a. Read poster with skill steps printed in capital letters so participants can follow.
 - b. Ask participants to watch the steps as you model the situation.
 - c. Model the skill using leader/co-leader.
 - d. Have participant point to each step as you do it.
- 3. Ask participants for feedback:**
 - a. How did we do?
 - b. Did we follow the steps?
- 4. Elicit situation for this skill from a participant and do a role-play:**
 - a. Ask the volunteer to elaborate on his/her experience, obtaining details on where, when skill might be used.
 - b. Designate participant as the main actor. Have one of the leaders act as the co-actor.
 - c. Get additional information from the main actor, if necessary, and set the stage for the role-play. Where might you be talking? How is the room furnished? Would you be standing or sitting? What time of day will it be?
 - d. Rehearse with the main actor what he/she will say/do during the role-play. What will you say for the step one of the skill? What will you do if the co-actor does _____?
- 5. Guide and monitor the role-play:**
 - a. One leader stands at the flip chart and points to each step as it is enacted and provides coaching/prompting as needed.
 - b. In the event that the role-play strays markedly from healthy living skill steps, stop the scene, provide needed instructions and begin again.

- c. Ask for feedback from the entire group. (You can structure feedback so that each observer has specific steps to watch.)
- 6. Guide feedback after each role-play:**
 - a. Have main actor wait until everyone has commented.
 - b. Ask the co-leader “In the role of _____ how did you feel? What were your reactions?”
 - c. Ask observing participants “How well were the steps followed? What specific things did you like or dislike?”
 - d. Comment on how steps were followed, affirm, point out what was done well, comment on what else might be done to make the enactment even better.
 - e. Ask main actor “Now that you have heard everyone’s comments, how do you think it went?”

Tips for Working with Support Groups

Years of experience have taught us pitfalls to avoid in running support groups. You can learn from our mistakes by observing the following guidelines.

General

- 1. Keep groups small.** Members of families affected by chemical dependence learn early the unspoken guideline “don’t trust”. Therefore one of the first tasks in group is to build trust. Small groups provide safety needed to trust and share more freely. Groups should be no more than four or five participants per group leader!
- 2. Keep a notebook** so that at the end of group you can quickly write down ideas, and things to follow up on for the next session/s.
- 3. Always wait for volunteers.** When sharing or doing activities, never force someone to participate—ask for volunteers. If no one volunteers right away, wait. If, after a long period of time, no one comes forward, you can ask a co-leader to participate. This, too, is about trusting the group. If participants are afraid of being made to do something that feels uncomfortable, they will not trust the group – and if they do not trust the group, they will not respond to the curriculum!
- 4. Do not read** the curriculum to participants. Highlight text or pick ideas and make index cards. Limit how much you read and talk – DO ACTIVITIES! Adapt this curriculum for your participants. Change language and role-plays based on the age, language and culture of your group.
- 5. Talk about the disease of Chemical Dependency (CD) in every meeting.** Another guideline in families affected by chemical dependence is “Don’t talk.” In order for healing to occur and to break the cycle of addiction, it is necessary for participants to directly address the CD issues in their lives. Look for opportunities throughout the meetings to engage participants in talking about how chemical dependency is affecting their lives.
- 6. Support participants’ development of a system of safe people.** A vital goal of the program is for participants to develop networks of safe people who can help them. Throughout the curriculum, participants learn to recognize and connect with safe people. Facilitators need to provide strong encouragement to all participants to attend an Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, Alateen, or Nar-Anon meeting. Participants in early recovery should be required to attend a support group or aftercare/outpatient program in addition to *Celebrating Families!*. Before

the program starts, prepare a list of local meetings to distribute to group participants. Remember *Celebrating Families!* is not treatment!

- 7. Follow up on the Acts of Kindness activity every week.** Each session contains an assignment to do an Act of Kindness. Research shows that reaching out to others is an important part of changing the life perspective of those affected by addictions. Children and adults living with addiction can feel isolated and overwhelmed. Reaching out to others helps them see that they are not the only ones with difficulties and that caring for others can relieve some of their own pain. Encourage this activity and be sure to participate in it yourself!
- 8. Consistently enforce group rules!** Facilitators are often reticent to deal with participant behavior. Since high stress adults and kids often act out their feelings in disruptive ways, especially in settings where they have not yet learned to trust, all facilitators must work together to see that the group rules are enforced. If this does not happen, participants will not let down their defenses and trust the group experience.
- 9. Be careful of transition points.** The most dangerous time for losing control of the group is during the transitions from one activity to another and from large group to Children/Parent Groups and back again. Carefully plan these times. Be set up and ready to go BEFORE participants arrive. If the team is well prepared and works together as a team, meetings will flow smoothly from one activity to another.
- 10. Model and demonstrate.** When inviting children or parents to participate in an activity, make sure it is safe and comfortable for them by role modeling or demonstrating for them. Don't ask participants to do activities that you yourself would not do.
- 11. Be sensitive to those with learning differences.** Families affected by chemical dependency have a higher than average risk of learning differences, meaning that their brains process information differently than others. Because of this, they often feel lost in classes or groups, which may lead to behaviors that seem inappropriate: asking the same questions over and over, giving up and not trying to understand or participate, or simply pretending they understand when they do not. You can dramatically improve the effectiveness of your group by following these simple practices:
 - Provide lots of structure! Have a clear plan for the session and do not let it lag when transitioning between activities.
 - Post and review the session's agenda and the group rules every time you meet.
 - Post and review the rules in Family Activities, too. Rules during family time teach all family members healthy ways to interact with each other—something family members affected by addiction often do not know how to do. It also models for parents appropriate ways to set and hold boundaries for their children.
 - Use multi-sensory teaching/presentations. *Celebrating Families!* is a multi-sensory curriculum. By following it as written, your teaching and group facilitation will be the most effective for COAs.
 - Visual – write it, draw it, show it
 - Oral – say it

- Demonstrate – use role-plays, modeling, interactive activities
 - Give only ONE direction at a time and then wait until it is accomplished before giving the next one. Keep directions clear, simple and in order.
 - Keep the meeting space simple. Reduce visual and auditory distractions, such as too many pictures or posters, too many brightly colored objects around the room or being located next to a source of loud noises. Keep space appropriate to the size of the group. Too much space is another kind of distraction.
 - Provide something to occupy participants' hands. Have a basket of soft toys to hold or squeeze while talking. Provide children with coloring activities.
 - Avoid using black print on white paper. Copy handouts and worksheets on pastel, colored paper when possible. When making posters or flipchart pages on white paper, use colored markers.
 - Use block, capital printed letters for handouts, flipcharts and writing on the board. Do not mix cursive writing and printing.
 - Avoid sarcasm and jokes that participants may not understand or may take personally (even if you did not mean it as such).
 - Suggest stress reduction techniques that are quick and easy, like deep breathing or counting backward.
 - Affirm, affirm, affirm! Offer lots of positive statements. Another way to affirm is to print their exact words on the board when brainstorming, if appropriate.
- 12. Build a team.** Usually the success of the program is in direct relationship to the way the staff has bonded as a team. Team building is facilitated by holding regular training meetings which include a time for personal sharing, as well as program planning. It is important to debrief as soon as possible after each session. This can be a short meeting, but should happen on a regular basis. Hold a quarterly team party to simply relax and have fun together!
- 13. Minimize discipline problems.** Maintaining discipline may be one of your biggest challenges. There may be lots of active defense mechanisms operating. The following suggestions will help minimize discipline problems:
- **Clearly state and consistently enforce rules.** This is the number one rule for maintaining order and creating trust. ALL the group leaders/facilitators must work together to remind participants of the rules and consistently enforce them. Participants need to know that the group facilitators in the room are in control of the meeting.
 - **Plan how you will use your physical space.** Many behavior issues are connected to the space that is used. Before you begin your first session:
 - Limit the size of your area. Too much space invites kids to run races rather than pay attention to you.
 - Remove or mark as “off limits” items that distract. This includes stacks of extra chairs, boxes of toys, pianos, etc.
 - Use something physical to define boundaries, especially with the younger children. For instance, masking tape on the floor or an area

rug can define where the kids are to sit for large group times; a table or ring of chairs sets the area for activities.

- **For younger children, use activity sheets** to help them stay focused. Pre-school children and some pre-adolescents are not yet ready to sit in a circle and listen to one another share. Having something to work on will help them focus on the activity and lessen the temptation to look around the room or poke a neighbor.
- **Have co-leaders.** One co-leader can observe group dynamics and attend to discipline problems while the other is leading an activity.
- **Balance active and quiet activities.** If kids are getting out of control because the opening activities are too active, change them to table activities! Or, if younger kids get wiggly after sitting for 25 minutes, use a few stretching exercises or a game to balance the energy. Learn to pay attention to the physical needs of your group participants and do what works!

Early Childhood (3-7 years)

Preschoolers are at a much different developmental level than elementary age kids and function in and respond to the support group experience uniquely. It is recommended that you not add three and four year old children to the elementary-age group. Here are some key points about preschoolers to help you plan working with them:

1. **Preschoolers hurt deeply but have few developmental skills to deal with emotional pain.** A preschooler cannot reason: "I feel guilty and abandoned because my parents are getting a divorce. I need to grieve this great loss in my life." Rather, the child is confused by the intense pain felt and responds by acting out. Since the child cannot verbalize what is really going on, adults may miss the connection between a child's feelings and behavior. You need to understand this connection and help preschoolers deal with their emotional pain by helping them name their feelings, release them through play and story activities, and by teaching them to ask for help when they need it.
2. **Preschoolers express themselves best through play and pretending.** Preschoolers have limited verbal skills. Therefore, they are helped more through play centers, puppet role-plays, and art activities than through dialogue and discussion. The most strategic time you have with your preschoolers may be in a play center.
3. **Preschoolers are concrete thinkers and have difficulty with abstract concepts.** Feelings, grief, and evaluating results of choices are abstract concepts. Don't be alarmed if the children do not understand everything.
4. **Preschoolers cannot think in terms of cause-and-effect relationships and complex processes.** This means your preschoolers may have trouble understanding the relationships between feelings and the events that caused them and will not be able to think in terms of "layered" feelings. For example, "Are you really feeling hurt or are you feeling angry?" would be a confusing question. Therefore focus on naming feelings and assuring kids that all their feelings are OK to feel.
5. **Preschoolers have trouble participating in group discussion.** To get the kids to share, go around the circle and ask each child a question. Be prepared to help them respond by suggesting possible answers.

- 6. Preschoolers remember and respond to only one direction at a time.** Make your directions clear and simple. Stay focused on one task at a time. For example, don't tell preschoolers to finish their coloring sheets, clean up, get their snack, and then sit on the story rug – and expect them to get it all accomplished!

Children's Groups (8-10 years)

There are, of course, many differences between five year olds and eight year olds. Because of that, you will have to do some adaptation of the material to fit the exact age group you are working with. Here are a few characteristics of the age group that can help you in your planning:

- 1. Children value belonging to the group.** By kindergarten, kids are growing in their ability to relate to one another in a social setting. By third grade, the need to be accepted by the group is well established. Having a best friend is important in these years, and peer pressure to conform to the group is already important.
- 2. They express their thoughts and feelings in short sentences and in response to direct questions.** Kids in your group will have the ability to talk about their life circumstances, but don't expect them to ramble on and on about what is happening in their lives! Rather, listen for bits and pieces of their stories, especially when answering direct questions.
- 3. They like to wiggle, act silly, and express themselves physically in play.** Expect lots of physical activity from the kids. Boys, especially, may want to wrestle and hit each other. Girls may fight over who gets to sit next to you! Be careful that this behavior does not get out of control and keep you from accomplishing the group goals.
- 4. They are increasingly aware of, and distracted by, the opposite sex.** Kindergarteners and first graders can participate in small co-ed groups without many problems. From second grade on, however, co-ed groups may greatly decrease the child's ability to focus on the subject at hand.
- 5. They still idealize their parents.** Kids at this age deeply want a relationship with their parents, no matter how their parents treat them. They cannot yet separate the parents' behavior from the childhood image of "my dad (mom) is the best dad (mom) in the whole world!" When this discrepancy surfaces, help the child focus on his/her feelings and do not attack the parent! Example: "It really hurts when Dads break their promises, doesn't it? I can understand why you feel so sad."
- 6. They learn and absorb a great deal, but offer little feedback.** New facilitators may fear they are not "getting through" or making a difference. Never forget that any positive feedback you are fortunate enough to receive is only the tip of the iceberg, so to speak. You may never know the true extent to which you are influencing the children's lives.

Pre-Adolescent Groups (11-13 years)

Preteens respond to the support group experience quite differently than younger children:

- 1. They are developing skills of abstract and cause-and-effect thinking.** Dealing with the more abstract concepts of feelings, boundaries, grief, and understanding, their role in the family is within the range of preteens' emerging thinking capabilities. This means program leaders will be able to have more process-

oriented, focused, and deeper discussions with them. Sometimes, leaders may choose to set aside other activities to let the kids continue their processing/sharing.

- 2. They are letting go of “magical thinking.”** About the age of ten, kids begin to see a wider world perspective than the restrictiveness of their own home environment. Until this time, their home and parents — regardless of how good or bad things actually are — are magically interpreted by the child to be the “best in the world.” But now, they begin to see that there are other families and other parents who are different—maybe even better than their own. If there are problems in the family, this can be a particularly agonizing time for kids as they let go of their idealized view of the parent and begin to see what is real. You will see kids in your group struggling with these issues; be patient if they bounce back and forth between realism and magical thinking!
- 3. They are entering puberty.** Be prepared for the accompanying effects of emotional upheaval, “love/hate” attraction to, but awkwardness around, the opposite sex and lots of complaints about things being “baby-ish.” Although the curriculum does not directly address the issues connected to puberty, you are likely to discuss the many changes that are taking place, especially with sixth graders.
- 4. They LOVE competition!** Children at this age LOVE to compete. But competition can be motivating OR destructive to the participants, depending on how it is handled. Here are a few points to consider:
 - Play down the competition by not making a big deal over who wins and who loses. Simply move on to the next activity.
 - Be sure everyone wins sometimes.
 - If you want to use prizes, be sure they are small and that everyone receives prizes at one time or another.
 - If you find some of your children cannot handle the competition, do not use it!
- 5. They HATE worksheets!** You will find the reproducible materials for the preteens to be materials such as props, game materials and visuals which the kids will enjoy. Since we encourage you to adapt the curriculum to suit your needs, be sure that any teaching materials you choose to add are appropriate to this age group.
- 6. They have defense mechanisms that are deeply internalized and mostly subconscious.** The behaviors they have developed to defend themselves from emotional pain will be a significant part of the way they relate to the world. Many will enter groups feeling “too cool” to open up about their pain. You will have to work hard to establish trust, waiting patiently for them to feel safe enough to lower their defenses. Once they do, you will be rewarded with the opportunity for extended conversations on healthy ways to deal with their pain.

Adolescent Groups (14-18 years)

Adolescence is defined as the social and personal experience of the biological process of puberty. It is an intense time of change. Adolescents need loving parents. The popular view of adolescence as a time of inevitable personal strife and emotional distancing between teenagers and their parents was strongly influenced by the writings of therapist-scholars working with emotionally troubled young people. Adolescents want to stay close to parents – even fights are a way of staying close while asserting distance. Researchers have shown that parents who

are high in control and high in acceptance (strict but loving parents) are much more likely to have teenagers who are independent, socially responsible and confident. Their message is, “I love you but I have expectations.” Adolescents need to be listened to – they need as much parent time as toddlers. Some key points for working with adolescents are:

- 1. Remember adolescents are in puberty.** Adolescents are naturally intense, changeable, internal, often cryptic or uncommunicative. Negative comments can hurl a teenager into despair. Feelings are chaotic and often without perspective – such as a suicide attempt because they are grounded over the weekend. The most difficult emotions for them to deal with are despair and anger. Feelings of the moment are all that exists. Many teens do not learn to express anger directly, instead they punish indirectly by insulting and shunning.
- 2. Many are experimenting with alcohol, tobacco and other drugs.**
- 3. Provide a place in which they are safe and others will listen to them.**
- 4. Teach healthy living skills:** How to identify and appropriately express feelings, safely express anger, make conscious choices, make and hold boundaries, define relationships, manage pain, to separate thinking from feeling, and to learn the joys of altruism.
- 5. Adolescents need encouragement** to grow into productive adults with identities based on talents or interests rather than appearance, popularity or sexuality.
- 6. Centering:** Help students to have a “north star” – a place of centering where they can ask themselves:
 - How do I feel right now?
 - What do I think?
 - What are my values?
 - What kind of people do I respect?
 - When do I feel most myself?
 - How am I similar/different from my mother/father?
 - What goals do I have for myself?
 - What are my strengths and weaknesses?

Effective Group Administration

Leadership Team Program

Staffing*

Site Program Coordinator/Administrator (10-15 hrs a week)

6-10 Group Leaders/Facilitators:

2 for Children's and Parent Group

Leader/Facilitator Qualifications

Sincere desire to help families learn
Personal skills: one-to-one and group
Understanding of chemical dependency
Balance teams by gender, ethnicity, recovery

Program Coordinator/Administrator

Ideally, a paid staff member or someone with easy access to the administrative resources of the organization (i.e., office equipment, publicity vehicles, scheduling and room allocations, knowledge of potential volunteers, etc.). The responsibilities of the Program Coordinator/Administrator include:

- Coordinating time and place for the meetings
- Recruiting, training and caring for the group leaders
- Insuring administration of evaluation instruments
- Maintaining records: intake, consent to share information, restraining orders, coordination with Drug Courts/Social Services, policies
- Securing all needed supplies: makes copies of handouts, creates posters, orders videos/CDs, other material as needed, chooses books to be read
- Coordinates dinners
- Evaluation and follow-up

**Note: It is recommended that a clinician be on call should a participant need immediate clinical help.*

Program Facilitators

The facilitators work directly with group participants. One facilitator is needed for every four to five children or six to seven parents. Following the ***Celebrating Families!*** curriculum, these facilitators conduct the meetings each week.

Preparation and Training

Stage One: Interview. The first step in the training process is an interview/orientation. This gives both the potential facilitators and the program administrator a chance to explore whether or not this will be a good match for both. This meeting generally is conducted as follows:

- **Get acquainted.** Potential facilitators share their backgrounds and why they are interested in the ***Celebrating Families!*** program.

- **Overview of *Celebrating Families!*** Includes program goals, qualifications of facilitators, and a look at the curriculum and meeting format.
- **Details of the Facilitator Commitment.** Expectations and the importance of follow through once a commitment is made need to be discussed.
- **Distribute Facilitator Applications.** It is important to have an application on file for every facilitator. Participant applications can be filled out at home and return them before the next training, should they decide to continue. You need to check your local regulations and policies and the host agency regarding fingerprinting and security checks of group facilitators.

Stage Two: Basic Training. Once the applications have been reviewed and the team chosen, the basic training can begin. *Celebrating Families!* facilitators/group leaders are trained in the following areas:

- **Children of Alcoholics/Addicts Issues.** Characteristics of COAs, Family Roles, and other related issues are discussed (see Appendix, Volume 4).
- **Small group facilitation.** Skills are taught in listening and responding, keeping the group on track, recognizing behaviors that indicate a need for professional help, and your organization's policy for handling sensitive issues, such as restraining orders or drivers showing up under the influence.
- **Group management.** This includes how to maintain discipline and control, provide smooth transitions between program segments and the importance of well prepared session plans.
- **Learning Differences.** This includes how to structure groups and material effectively so that individuals who process differently can have a successful group experience.
- ***Celebrating Families!* Training on Each Specific Session Plan.** Walk through each session. Some coordinators have found this is best done once a month, covering the next four-five sessions, rather than training facilitators on all 16 sessions.
- **Uniqueness of Model.** Why a cognitive-behavioral group? Why these topics? Why this order? Importance of centering, music, structure, and consistency.
- **Team building.** Facilitators work together to plan sessions, discipline consistently, and solve problems. Having some of your meetings over dinner can also help build the team.

Stage Three: On-the-Job Training/Supervision. Training does not stop once the Basic Training is completed. Additional training experiences are needed:

- **Planning Sessions.** Weekly meetings of one hour are held directly before groups to review main concepts for the session and organizational details. We recommend that these sessions end approximately 30 minutes before families begin to arrive for dinner, so that group facilitators can prepare for group.

- **De-briefing Sessions.** Debrief each of the sessions as soon as possible. We recommend a short meeting for this purpose directly following each session. Use this time to share what happened, celebrate successes, solve problems (abuse reporting, restraining orders), and plan for future meetings.
- **Enrichment Sessions.** Approximately once each quarter, hold a special training session to focus on an issue of concern. This could be a further discussion of discipline methods, additional information on one of the life skills contained in the curriculum (i.e., an in-depth look at anger management), or a special speaker to address an issue of concern (i.e., a local educator to talk about Learning Differences, a Domestic Violence specialist, an addiction specialist to discuss methodology for working with COAs, or a representative from Children's Services to discuss signs of and proper reporting procedures of abuse).
- **Team Building Events.** Plan times just to relax and have fun together! Quarterly pot luck dinners or game nights will do a lot to increase the bonding of your team. And remember, the more bonded your team is, the more successful your ***Celebrating Families!*** program will be – guaranteed.

Handling Sensitive Issues

Confidentiality

Written Policy. Most of the time, sharing in *Celebrating Families!* groups is straightforward and predictable. However, from time to time children or parents may reveal matters of a sensitive nature. Decisions about how these matters will be handled must be made before you begin the program so you will be prepared. Most organizations now have written policies for procedure in handling sensitive issues. If your agency/organization does NOT have written policies regarding reporting abuse, chain of command, etc., encourage the leadership to do so before beginning *Celebrating Families!*.

Confidentiality Agreement with Participants. Confidentiality is one of the most important rules. Facilitators/group leaders need to explain to participants that ***Celebrating Families!*** is meant to be a safe place where they can talk about whatever they want. However, in order to feel safe everyone needs to know that what they say in group stays in group. Participants can talk about activities or what they personally shared. They are not to tell anyone else about personal, private things another person has shared. Explain to participants that the confidentiality agreement extends to facilitators with exceptions made only for mandated reporting. (See next page.) This does include not sharing with parents what children share in groups. We cannot be helpful to the kids if they fear we will turn around and talk to their parents about what they say in the group.

Children's Understanding of Confidentiality. The distinction between what is okay to talk about outside the group and what is to be kept confidential is very blurred at the elementary age level. Be prepared for children to tell their parents that they were told they could not tell mom, dad or their caregiver anything that happened in the group. Children are free to share anything that they personally said and the activities of the group. They are not to share what other children have said. If you receive questions or phone calls from parents or foster parents about this issue, explain the importance of confidentiality to the group process.

Confidentiality Agreement with the Parents/Foster Parents. Explain that, although we respect and hold to the confidentiality agreement with the kids, if it is important facilitators will find a way to get information to them. It is not our intent to hide things, but to make it as easy as possible for their kids to receive help. Usually when we ask children if we can talk to their parents about a particular issue, they are happy to have us do so; some are even relieved. If they do not, we can usually find a way to get information to parents by making some general observations about the child's behavior.

Exceptions to Confidentiality. There are two exceptions to confidentiality:

- **Reports of abusive behaviors.** By law, any reports of abusive behavior against children must be reported to authorities. (Know the procedures established in your program/agency.)
- **Confidentiality among *Celebrating Families!* program leaders.** To give families the best possible experience, facilitators must be free to share information about what happens each week with each other.

Referrals

When families have problems that go beyond the scope of the support group program, they need to be referred to other sources for help. If your organization does not have an approved list of counselors and/or agencies, build one of your own. Include:

- **Counselors and counseling agencies**, including counselors who specialize in working with child and/or family therapy AND have a sliding scale fee structure.
- **Lawyers and legal aid services** to assist parents with legal issues.
- **Community resources** for specialized issues such as chemical dependency treatment, ADHD/learning differences diagnosis and treatment, shelters for women and children, etc.
- **Doctors** who know and understand addiction.
- **Local meetings of Alcoholics Anonymous**, Al-Anon, Alateen, Nar-Anon and other Twelve Step groups.

Reporting Abuse

In most states, all adults who work with children are required by law to report statements of abuse or suspected abuse. Be sure the entire program staff knows in advance signs of abuse and the proper procedures for making reports. You may consider inviting a social worker or representative from Child Protective Services to train your staff.

Preventing Legal Problems

It is not likely that you will encounter any legal difficulties. However, you can safeguard against this possibility by giving attention to the following three issues:

- **Have parents complete an enrollment form.** The purpose of this form is to make it clear to parents that they are attending a support group – not a therapy group. Most courts will recognize that support groups do not fall into the same legal liabilities as professionally led therapy groups. On the enrollment form we also suggest that you state your policy on drivers under the influence.
- **Know when and how to report abusive behaviors.** Never act alone in reporting abuse. This decision should be made in consultation with the child’s facilitator, the ***Celebrating Families!*** Program Coordinator, and any other supervisors to your program. The main point to emphasize here is the need for all leaders to know the proper procedure to follow *before the issue actually comes up*. Don’t wait until you are in a crisis situation to stipulate this procedure!
- **Screen your facilitators carefully.** This is an important responsibility of the Program Administrator. The screening process begins with carefully reviewing the applications filled out by potential facilitators.

IMPORTANT: Follow background check procedures of your local agency, city, county, and/or state government.

Suicide and Crisis

Suicide is one of the leading causes of death among American teenagers. Children of alcoholics/addicts are twice as likely to commit suicide as other children. Although suicide is not genetically inherited, if other family members or close friends have committed suicide, the risk of suicide increases. Warning signs include:

- Decline in school attendance, performance or behavior
- Depression: sadness, crying, helplessness, sleep and eating disturbances
- Dramatic changes in mood or behavior
- Drug and alcohol abuse
- Making preparations: giving things away or getting affairs in order
- Preoccupation with death
- Recent moves or loss
- Threats: Four out of five people who commit suicide have previously voiced their intention to do so. With small children, this may be worded as “joining the angels” or “going to heaven”.
- Isolation or withdrawal
- Previous attempt
- Running away

What to do:

- Listen carefully.
- Show you care: Be willing to talk and share that he/she is a special person, that you value them and want them to live.
- Help them to get help: Talk to your supervisor before the person leaves the group.
- Have phone numbers for your local crisis suicide line and groups that might help.

What NOT to do:

- Give advice
- Ignore suicidal talk
- Keep the individual’s plans a secret
- Make judgments
- Minimize the situation
- Offer easy solutions

Group Facilitators

- Talk with your team, coordinator and clinical supervisor
- Talk with the participant separately before going home that night. Ask
 - Are you feeling really sad?
 - Have you thought about dying or killing yourself? (Use the same words they do.)
 - Do you have a plan about how you would kill yourselves?
 - Have you tried to kill yourself before?
 - Has someone else in you family or someone you know committed suicide?
 - Talk with his/her parent with the child present. (You may give him/her a choice to be present or not, but not a choice about whether you will talk with their parent.) Be aware of your own tendency to minimize. Saying the words actually helps. This is a situation where you may need support for yourself. Most suicidal people are really undecided about living or dying. They gamble with death, leaving it to others to save them.

Supplies and Materials

IMPORTANT NOTE: Posters and handout masters are found in the Handout Packet included with the five volumes of the curriculum.

Posters: **You will need the following posters every week.** Additional posters specific to weekly sessions are listed in the lesson-specific supplies; Group Agreements; Acts of Kindness List; Connecting with My Family; A Brief Agenda for each session; Connecting with My Family Agreements; WOW Moments List; The Healthy Living Circle; Connecting with My Family Unity Prayer Closing; The Serenity Prayer; Connecting with My Family Brief Agenda for each session

Optional Supplies:

- Costumes/props for role-plays and skits
- Game supplies (balls, balloons, etc.)
- Extended time activities: coloring sheets, puzzles, theme related books, videos
- A variety of craft and games resource books to supplement the curriculum

Children's Group (Ages 8-10)

These are materials you will need weekly. Determine who is responsible for gathering and replacing materials. Prepare them in advance and make sure they are available every week. We suggest creating a "Group Box", which you may have the group decorate. Each week ask your group to help you return everything to the box so that it is ready the following week.

Group Box:

- Audio recorder/player with CDs containing quiet, soothing music to play as participants arrive (helps set a calm atmosphere for the group)
- Poster Pads or flipcharts with flip chart stand or chalk or dry erase board. Be sure to use only non-black pens.
- Plastic name badge holders and name tags
- A small, soft stuffed animal or bean bag to act as a "talking stick" – whoever has the object has the right to speak
- Basket of soft toys (bean bags/koosh balls)
- General art supplies: colored pens, pencils, scratch paper, construction paper, poster board, glue or glue sticks, masking tape, scotch tape, fine tip markers, broad tip markers, scissors and staplers (children's safety scissors with younger children)
- Miscellaneous craft supplies: glitter, stickers, scraps of fabric and yarn, cotton balls, chenille wires
- A Surprise Box with stickers, school supplies, or other small treats children might enjoy (children choose an item as they leave)
- *Children's Program Kit* from SAMHSA's National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 30847-2345.

Pre-Adolescent and Adolescent Group Materials

Remember to determine who is responsible for gathering and replacing materials. Make sure they are available every week. You may want to create a “Group Box”, which the groups decorate.

Group Box

- General supplies listed on previous page
- Journals. These can be purchased or made by folding sheets of paper in half and stapling in the center to make a booklet.
- Pencils and paper for doodling by pre-adolescents/adolescents – helps concentration

Posters

- See poster list on previous page

Adult Group Materials

Remember to determine who is responsible for gathering and replacing materials and making sure they are available every week. You may want to create a “Group Box”, which the group can decorate.

Group Box

- General supplies listed on previous page
- Pencils and paper for doodling by participants – may help concentration
- A notebook for each parent – these can be the paper binders that hold 3 hole punched paper or the vinyl binders. Place at least 15 sheets of lined paper in each.
- A Surprise Box is optional. You may want to have small prizes adults might enjoy (adults choose an item as they leave) or prizes could be items they can use with their children.

Posters

- See poster list on previous page

Family Group Materials

As with other groups, determine who is responsible for gathering and replacing materials. These are materials you will need weekly.

Group Box

- General supplies listed on previous page
- Children’s picture books for reading to group. Choose simple stories with colorful pictures and limited words on each page. Preschool or Head Start books work well.
- OPTIONAL: Book Basket with children’s books for families to borrow each week

Posters

- See poster list on previous page

Ordering Information for Books, Videos and Other Supplies

● = Suggested

- Collect alcohol and tobacco ads from magazines, newspapers, websites, radio and TV ads for use in Session 7.
- Children's Program Kit, from SAMHSA. This kit is free. Call 1-877-726-4727. Or to order on-line, go to: www.ncadi.samhsa.gov. Click on: Quick Find and Order. On that page, type Children's Program Kit in the title field. This will take you to the order form. Used throughout the curriculum, beginning with Session 1.
- Books for reading with Early Childhood groups. See the Early Childhood Preface in Volume 3 for specific recommendations for each session. Used in every session.
- Book for Children's group: **My Dad Loves Me, My Dad Has A Disease**, 3rd Edition, by Claudia Black; Order from: www.claudiablack.com. Used in Sessions 8 and 9. Cost \$11.00

Enchante Series – Story books and Activity Guides available. (OPTIONAL books on different feelings – excellent resource) Six Seconds; www.6seconds.org. Cost \$ 99.99

“How Are You Feeling Today?” Feelings Faces posters, Anger Management posters and other items from Creative Therapy, Inc. Available for purchase from Family Resources, Int. 805-614-2814. To see pictures of items available and prices, visit: www.confidentkids.com, go to “Resource Catalogue” and “Other Resources.”

Music tapes, CDs and videos by Peter Alsop. <http://www.peteralsop.com>. Peter is the author of the **My Body Song** provided with the curriculum. His site has many other wonderful songs appropriate for the *Celebrating Families!* program.

An optimal book to read is **Straight Talk** by Claudia Black, order from www.claudiablack.com

Videos

● = Suggested

Elephant in the Living Room – Good for children. FMS Productions; 800-421-4609; www.fmsproductions.com Cost: \$299

● **F.A.T. City** – By Richard Lavoie; Cost: \$58.00; www.addwarehouse.com/shopsite, or the store at PBS.com. This video is NOT shown to participants, but is used for leader training on Learning Differences. Show as part of initial training. Must be viewed by all leaders before teaching Session 14.

● **Good Vibrations** – Discussion materials included. FMS Productions; 800-421-4609; www.fmsproductions.com. Used in Session 13, Pre-Adolescent group. Cost: \$299

Invisible Line – Discussion materials included. (There is strong language in this video, as well as a scene of a teen using.) FMS Productions Cost: \$295

Lost Childhood: Growing Up in an Alcoholic Family – by Emerald Yeh (DVD) Available from National Association for Children of Alcoholics. 1-888 554-2627 This is also an excellent video to show program leaders during their initial training. Cost \$13

● ***Lots of Kids Like Us*** – FMS Productions, 800-421-4609; www.fmsproductions.com ; Used in Session 9, Children’s group. Cost \$250

My Father’s Son - Hazelden, materials included; <http://www.hazelden.org> or FMS Productions, 800-421-4609. Used in Session 9, Pre-adolescent group. Cost: \$195

No More Secrets – Select Media, New York . 212-431-8923; www.selectmedia.org Cost: \$195

● ***Recovering Hope: Mothers Speak Out About FASD*** from SAMHSA's FASD Center for Excellence. Free https://ncadistore.samhsa.gov/catalog/SC_ItemList.aspx Used in Session 14, Parents’ group.

Roots of Addiction – FMS Productions, 800-421-4609; www.fmsproductions.com. Can be used with parents’ group as an alternative to Which Brain Do You Want? in Session 7. Cost \$250

Soft Is the Heart of a Child - FMS Productions, 800-421-4609; www.fmsproductions.com ; Cost \$195

● ***Which Brain Do You Want?*** - Mindworks Press: www.mindworkspress.com Used in Session 7, Adolescent and Parents’ groups. Cost: \$49.95

● ***Yes You Can Say No*** – Produced by Committee for Children; 800-634-4447 ext. 200. www.cfchildren.org. Used in Session 12, Children’s group. Cost \$65

● ***You Are Not Alone***. Part of Children’s Program Kit from SAMHSA’s National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 30847-2345. Free. Used in Session 1, Children, Pre-adolescent and Adolescent groups.