

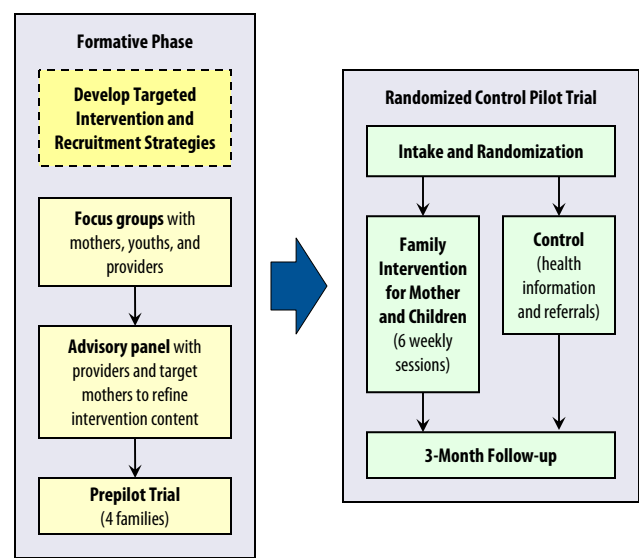
1. Background

- Children of substance abusers (COSA) are at increased risk of becoming substance abusers themselves.
- Community samples of African-American mothers who use crack cocaine report contextual risks that may affect caregiving, including poverty, exposure to violence, psychological distress, and sex trading.
- Family-level approaches can be more effective in increasing protective behaviors compared to those that focus on the parent or child alone.
- Evidence-based family interventions, however, require cultural adaptations to be effective with diverse populations.
- Research demonstrates that parenting is a culturally embedded construct; strict or 'harsh' parenting is protective for some African-American families in resource-poor environments, whereas other ethnic groups may thrive on other parenting styles.
- Thus, it is critical that family interventions for African-American mothers who abuse crack cocaine be adapted to their cultural and socio-contextual environments.

2. Purpose

- This presentation will present lessons learned from the formative and pilot phases about issues including recruitment, parenting practices, and next steps.
- The NIDA-funded Families Overcoming Risks Together (FORT) study seeks to adapt and pilot test a family skills intervention for children of African-American mothers who use crack but are not in treatment.
- The formative phase used a community participatory approach to develop strategies to reach, recruit, and engage target families, and to tailor an intervention to reduce substance use and HIV risks.
- Once recruitment and engagement strategies were identified and the initial intervention manual was developed, we pilot tested the intervention in a randomized control trial.

3. FORT Study Design



4. Formative Phase

- Focus Groups — 6 groups total
 - 2 Maternal
 - 2 Youth
 - 2 Service Providers
- Advisory Panel
 - Mothers
 - Service Providers
- Prepilot Trial

Table 1. Focus Group Methods

	Maternal-Child	Providers
Sample	<ul style="list-style-type: none"> Black or African-American mother Crack cocaine use on at least 13 days in the past 6 months Not in drug treatment Live with at least one child (aged 10–14 years) Youth agrees to participate 	<ul style="list-style-type: none"> Child and family service providers
Recruitment	<ul style="list-style-type: none"> Street outreach Snowball sampling in Durham, NC 	<ul style="list-style-type: none"> Recruited through known contacts Snowball sampling in Durham, NC
Focus Group Topics	<ul style="list-style-type: none"> Recruitment and retention strategies, and barriers for target families Parenting practices Content issues related to HIV and substance use prevention 	

Key Focus Group Findings

- Confidentiality and Trust**
 - "Let families know that you are not out there trying to hurt them. Finding mothers is hard because moms don't want to admit to crack use and they don't want their kids involved."
- Keep It Real**
 - "You have to know what it is that you are dealing with. You have to feel what the families are feeling and know what their lives are like. Meet them where they are because if you are not part of the solution then you are part of the problem."
- Interactive and Socially Supportive**
 - "For kids, you have to keep them busy and be willing to talk to them. For moms, we're stressed. It would be good to share experiences, to learn from each other as more than just moms – as humans, moms, and friends."
- Get Them Young**
 - "[Reaching 8- to 12-year-olds would be] nice because it would help prevent things before they came up. The earlier the better."
 - "An 8-year-old will be more involved with the family, and one can engage them more [than older kids]."
- Staffing**
 - "Making it inviting. Having it be a positive, comfortable thing where you're not afraid to talk. Have staff [who is] someone who it's okay to spend time with, that you'd want to spend time with."

5. Pre-pilot Trial (Four Families)

- Cohort 1 Participants
 - Intervention
 - 4 families = 4 mothers*, 7 youths
 - *One mother from the Advisory Panel
 - Control
 - 3 families = 3 mothers, 3 youths
- Focus group with pilot cohort for post-intervention feedback

Participants in one of the FORT sessions.



Current FORT Intervention

- Overall Goals**
 - To strengthen the family by facilitating communication generally and about HIV/SA prevention specifically
 - To increase family cohesion through maternal-child closeness
- Six Weekly Sessions (2 hours per week)**
 - Hour 1 — Maternal and Youth sessions (concurrent)
 - Hour 2 — Family session
- Provides Knowledge and Skill Building**
 - HIV and substance use prevention
 - Maternal-child communication
 - Goal setting
 - Dealing with peer pressure
- Incentives**
 - Weekly rewards and prizes
 - Meals
 - Transportation
 - Childcare

Table 2. FORT Intervention Overview

	Mothers	Youths	Family
I.	Intro to group; Learning about HIV and SA Prevention	Intro to group; HIV and SA Knowledge	Intro; Learning about HIV/SA together
II.	Risks and Protective Factors – Personal Risks	Emotions/communication (e.g., listening skills)	Moods Game (nonverbal communication)
III.	Parenting – How was growing up for you? For your child? How do you parent/meet your child's needs?	Goals and Dreams; Rules and Consequences; Making Good Choices	Working Together to Reach Goals
IV.	Communication – Talking with your children about tough issues; HIV facts for different ages?	Peer Pressure	Working Together to Overcome Peer Pressure
V.	Communication – How to talk to children about tough issues – role-plays, finding words, teachable moments – point out outside influences	Communication – influences on behavior, watch and discuss public service announcements (PSAs)	Communicating with each other – getting to know mother/child better, identify basic facts about HIV and drugs
VI.	Setting Goals for Children and Families –Positive relationships with your child	Communication – Making a PSA	GRADUATION – posttest, slide show, PSAs

Table 3. Background and Risk Characteristics of African-American Mothers Who Use Crack Cocaine (N=120)

Demographics	
Mean age (SD) in years	36.1 (6.8)
Mean number of children under age 18 in home (SD)	3.0 (1.6)
% Single or living as single	62.5
% Currently employed full time or part time	14.2
% GED, HS grad, or higher	54.1
% Ever had open case with Child Protective Services (CPS)	48.3
Current Substance Use	
Mean days used crack in past 30 days (SD)	9.9 (9.0)

Table 4. Background and Risk Characteristics of Children Aged 8 to 12 of African-American Mothers Who Use Crack Cocaine (N=120)

Demographics	
Mean age (SD) in years	10.2 (1.4)
Gender (% female)	47.5
% Ever suspended from school	33.3
% Ever repeated a grade	30.8
% Ever witnessed a drug deal	50.8
Risk Behaviors	
% Ever tried any substance	11.7
% Think they are ready to have sex (A little true or Very true)	15.8

6. Challenges

- Establishing trust (staffing is key)
- Recruitment by members of target community crucial (e.g., FORT mothers, PAs)
- Participant attendance
- Scheduling for mothers, children, and staff

7. Process Focus Groups

- Families who participated in the FORT intervention were asked to participate in a process focus group.
- Focus group findings suggest that the FORT intervention shows promise for positive familial changes.
 - "It used to be, 'Girl, don't ask me about that!' ... but now I can answer, and know to sit down and listen, even if I don't know the exact answer."
 - "We always had rules, but now they're listening and respecting what we say."
 - "We are closer, being able to communicate. She doesn't smack her lips at me."
 - "I'm more motivated and see reason to stop. More aware of what my drug use can do to parenting, kids, life."

8. Conclusions

- Adaptation and tailoring activities with community input have been critical to understanding the familial strengths of these mothers and children and how to best build upon them to foster their resiliency in future interventions.
- Gaining community input to intervention development and implementation has been essential.



Women Can Change the World Through Children...

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