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# THE SOURCE



# Keeping Kids at Home: Family-Centered Treatment at SHIELDS for Families, Inc.

**Kathryn Icenhower, PhD, LCSW**

SHIELDS for Families, Inc. has been providing services to the entire family unit, with specific programs for children ages 0-18, since opening its first substance abuse program, Genesis, in 1990. Since 2002, over 1200 children have been served in conjunction with their mothers.

This unique model allows the entire family unit to enroll in the program and receive services on site. Currently, SHIELDS offers five family-centered programs located in the communities of Compton and Watts in South Los Angeles. Each program provides substance abuse treatment, child development and youth services, case management, and vocational services at the facility. Families are also able to access housing either on- or off-site, depending on the program, through one of the 126 units of low-income housing provided by SHIELDS. For the past 18 years, completion rates at all programs have averaged between 65%-82%, with the length of stay averaging 18 months.

SHIELDS implemented family-centered treatment because we believe that addiction is truly a family disease. All members of the family must have access to services in order to break the cycle of addiction and allow the family to heal and achieve well-being. This article highlights the services we have offered children in our child development and youth programs. A description of program services, along with evaluation results of the past five years, is provided for both components.

## **CHILD DEVELOPMENT CENTERS: Children 0-5**

### **PROGRAM DESCRIPTION**

The target population of the Child Development Centers is children 0-5 who have been exposed to substances prenatally or environmentally and who are at high risk for physical, social, emotional, and developmental delays. The primary goal of the SHIELDS Child Development Program is to promote the healthy development, social and emotional well-being, and school readiness of these children through the provision of therapeutic and developmentally appropriate services. In addition, the program seeks to enhance the parenting and child development skills of the substance-abusing mothers enrolled in our treatment programs.

Staffing at each site includes full-time Child Development Workers and a Child Development Specialist. Consultants are utilized to provide specialized services. Children, ages 3-5, with special behavioral needs are referred to the SHIELDS Therapeutic Nursery, which is on-site at the Genesis program location and staffed by two full-time Therapists, a Mental Health Rehabilitation Specialist, a Child Development Specialist, and a Child Development Worker. The Nursery serves a maximum of 16 children utilizing a day treatment model to provide intensive mental health services.



Each SHIELDS Center provides developmental assessments and evaluations for all enrolled children, utilizing the Denver II Developmental Screening and the Ages and Stages Questionnaire. Developmentally appropriate Individual Education Plans are created and implemented for each child. Children are in the Centers for a minimum of six hours per day, five days a week, during the course of their parents' enrollment in treatment. Based on their age and developmental stage, children are divided into three groups—infants, pre-toddlers, and toddlers. Structured lessons are provided daily and focus on specific skill sets appropriate to each age group, with an emphasis placed on the development of gross and fine motor skills and social skills.

Mothers enroll in child development and parenting skills education groups, receiving information and skills to prepare them to better care for and interact with their children. Mommy and Me parent/child interaction classes and parenting education classes are each provided one time per week. Supervised Early Intervention is also incorporated into the mothers' schedules in order to allow them to practice parenting skills in the Center. All families receive in-home visits a minimum of two times per month to ensure that the knowledge gained in the program is transferred to the home environment. Additionally, all participants engage in an in-home literacy program that encourages the ongoing development of the children's language skills and enhanced mother-child bonding.

## EVALUATION RESULTS

Between 2002 and 2007, 461 children (ages 0-5) were enrolled in the Child Development Program. Of these, 96% were ethnic minorities (61% African American; 35% Latino). At admission, nearly one-third (31%) of all enrolled children suffered prenatal exposure to drugs or alcohol, almost one-fifth (19%) had low birth weight, and approximately half (49%) had open Department of Children and Family Services (DCFS) cases.

A total of 436 children remained in services a minimum of 30 days and received at least one developmental screening. On average, over the six-year period evaluated, 85% of the children had scores that fell within the normal range of development upon entry into the program, and 15% of the children were identified with potential delays and referred on for additional assessment and specialized services. The rate of developmental delays identified in the initial assessment continued to decrease over the intervention period, with 24% identified in the first year of data collection decreasing to 5% identified in the last year. This decrease is attributed to the aggressive outreach and early enrollment of families in the program through our

collaboration with DCFS. These efforts have enabled children to remain in the custody of their parents, mitigating the developmental risks associated with separation and loss of attachment and bonding.

From 2002 to 2007, a total of 314 families were enrolled in the Child Development Program. More than 800 in-home parenting visits and 1,000 center-based individual sessions were conducted with parents by the Child Development Workers and Specialists in order to enhance parental ability to implement appropriate developmental activities and interventions. In addition, pre- and post-test results documented that mothers consistently demonstrated an increase in knowledge in the area of child development and parenting skills. At pre-test, mothers had an average score of 75%. After completion of a minimum of 16 weeks of parenting and 16 weeks of child development classes, the average post-test score was 90%, an average increase in parental knowledge of 15%. Moreover, more than 200 mothers completed the requirements for the child development and/or parenting certificates.

Finally, SHIELDS' Family-Centered Programs have been highly successful at achieving low rates of very low birth weight among infants born to enrolled mothers, averaging 4.5% over the last six years, as well as high rates of early entry into prenatal care, averaging approximately 67% over the last six years. Immunization rates among all enrolled children have averaged approximately 80%, and all mothers and children (100%) have been linked to a regular medical doctor and/or clinic. Most significantly, of the 264 infants born to mothers enrolled in the program between 2002-2007, less than 6% had positive toxicology screens at birth.

## HEROS AND SHEROS PROGRAM: Children 6-18

### PROGRAM DESCRIPTION

The Heros and Sheros Program provides after-school and full-day programming (during summer and school vacations) to a static capacity of 300 youth, ages 6-18, whose parents are enrolled in treatment. The goal of Heros and Sheros is to decrease risk factors and to increase protective factors by addressing five risk domains—individual, family, school, peers, and community—through culturally-based programming. Services are designed to increase self-esteem, improve family functioning, increase decision-making and problem-solving skills, improve academic performance, and increase community awareness of challenges affecting youth.



After-school program services include individual and group counseling, mental health services, cultural enrichment, alcohol and substance abuse education, recreational activities, computer training, leadership development, and educational support. Staffing includes a minimum of three full-time Therapists at each site and Mental Health Case Managers.

The Heros and Sheros Program was designed to address the cultural needs of our program youth. Consequently, all of our program activities and materials were developed from a cultural context to meet specific cultural needs. Because our programming is “culture-based and culture-driven,” there is a “natural” integration of our support services and prevention strategies with arts and humanities. This might be best exemplified in our activities focused on self-esteem/self-identity development. As opposed to focusing on generic self-esteem development, our program utilizes an ethnic-specific curriculum that focuses on historical and current role models who have life experiences consistent with those of our program participants. Our Winners Curriculum—with a heavy emphasis on reading, writing, and discussions—utilizes literature to provide youth with strong cultural values. Our Pen Pal Writing Program with children from West Africa emphasizes writing and the sharing of ideas and values for self-discovery and illumination. These ideas and values are integrated into African and Salsa dance and drumming classes and youth performances in Juneteenth, Kwanzaa, and Cinco de Mayo celebrations.

In 2002, the SHIELDS’ Heros and Sheros Program was specifically recognized by the California Institute for Mental Health’s CalWorks (California Work Opportunity and Responsibility to Kids) Program as a model after-school program. The program also has the rare distinction of receiving funding from the Center for Substance Abuse Prevention for three different research-driven, high-risk youth substance abuse after-school prevention programs.

## EVALUATION RESULTS

To ensure that testing data is available on every program participant, youth are tested quarterly. The program’s main testing instruments are the SSI (School Sentiment Index), SAI (Self Appraisal Inventory), the CAVS (Children Africentric/Latino-centric Value Scale), and the CRIS (Children Racial Identity Scale). During the 2003 program year, the measures used to gauge program impact on participating youth were expanded to include the Rosenberg Self-Esteem Scale and a Computer Literacy Checklist and Social Skills Assessment Form developed by SHIELDS. In 2004, two additional assessments were added to our testing regimen—a Community Mobilization

(Leadership) Scale and an ATOD Awareness Scale. Finally, in the 2005-2006 program year, a Community Event Survey form was added to our arsenal of evaluation assessments.

Based on the results of our quarterly program assessments, the program has had a positive impact on participating youth: 60% of participants improved attitudes towards school and education; 75% improved their grades in math and English; 77% improved their self-esteem and self confidence; 77% improved their cultural awareness/identity and community mobilization activities; and 80% improved their awareness of substance abuse-related issues in their community and recommitted to live drug-free lives.

## Summary

Since implementation of our first program in 1990, SHIELDS has continued to maintain a strong emphasis on the provision of services for our children. Our evaluation results indicate the significance of providing interventions designed specifically for the children of parents impacted by substance abuse and reinforces the need to make the delivery of these services an integral part of all substance abuse programs.

### **Kathryn Icenhower, PhD, LCSW**

*Executive Director, Shields for Families*  
[kicenhower@shieldsforfamilies.org](mailto:kicenhower@shieldsforfamilies.org)

Data for completion of this article provided by:

**Darnell Bell**, *Research Director, Shields for Families*

**Ronna Montgomery**, *Research Analyst, Shields for Families*

