

Posted on [June 14, 2021](#) | by [Brett Bralley](#) | [Academics & Research](#), [Bright Ideas](#), [News](#), [Trending Topics](#)

Social Work Professor Finds Online Substance-Abuse Prevention Programs Work During a Pandemic

Most in-person gatherings went virtual when the pandemic hit in March 2020 — including substance abuse prevention groups. Turns out, virtual meetings like these can still yield positive outcomes for the participants.

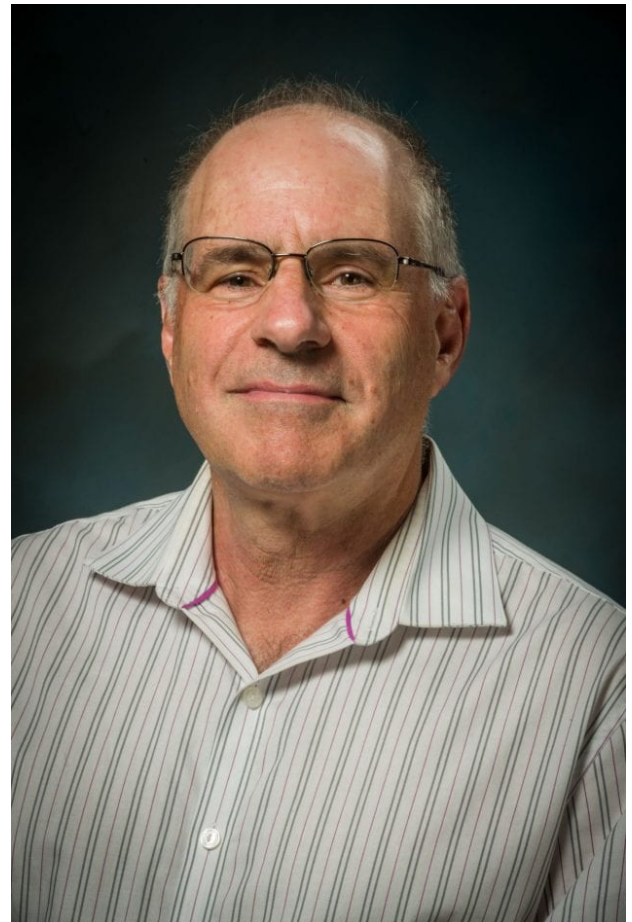
That's what Edward Cohen, professor for San José State's [School of Social Work](#), discovered when the in-person [Celebrating Families!](#), an intervention program that focuses on improving parental skills and relationships in families where at least one parent has a substance abuse problem, moved to an online format. He studied participants' outcomes and satisfaction in the program over 16 weeks, then [published his findings in the journal Research on Social Work Practice](#).

What can we do with this information now that it's becoming safer to meet in-person? The SJSU News and Editorial Team sat down with Cohen, who shared his insight on the wider implications of his study.

You define Celebrating Families! (CF!) as a family-based intervention program. What does that mean?

Edward Cohen (EC): Family-based interventions are those that attempt to strengthen families, reduce harm caused by poverty and traumatic experiences, improve parenting, and prevent future problems for family members such as child abuse, substance use problems and family violence.

These programs work by recognizing the centrality of the family in child development and strengthening resiliencies — those factors that help people deal with adversity. These interventions draw from the theories and practices of family therapy, child development, neuropsychology, trauma-informed care, peer support and cognitive behavioral therapies.



Edward Cohen, Professor of Social Work

CFI is one of several programs that serve families in groups and provide classes focused on parenting skills development, improved family communication, improved healthy living, reduced violence in the home and reduced harmful substance use, among other goals.

What were the main concerns about moving this program online?

EC: CFI is a very relational type of program: It focuses on engaging families who need but have not made the best use of formal treatment services. The classes include a lot of experiential exercises, role modeling of positive behavior and personal support — all easier to do in person. And because all family members are involved in each class, they also include breakout groups for children and adolescents.

The program developers and treatment sites had concerns initially about the ability of group leaders to do similar work with online classes. Also, these families tend to have fewer technology resources, such as newer computers and Internet connectivity, which could limit participation.

However, our hope was that it would have a wider reach, and that delivering the content directly to families' homes would provide a more realistic setting for families to practice new skills.

What surprised you about your findings?

EC: The online program performed much better than anyone expected. Some sites — CFI has sites all over the U.S. — reported better attendance in the online classes, especially in the early days of the pandemic when most people were home. Later in the year, however, some sites reported a lot of distractions — family members Zooming in from the car or while shopping, for example.

Nevertheless, the outcomes, measured by valid and reliable instruments, consistently have shown improved parenting skills, emotional health, relationships and self-confidence of parents. There were very few differences in outcomes comparing the previous in-person classes to those delivered online; both modes showed improvement.

The access to technology was also better than expected and did not pose a problem for most families. And Latinx families, which comprised 65 percent of one large sample in California, improved at the same rate as non-Latinx families in both the in-person and online classes. We're hoping to see similar results in other sites, including Native American tribal authorities that have implemented CFI.

Now that we know CFI was effective online, would a family-based intervention online program serve as a suitable stand-in when an in-person program might not be available?

EC: It seems that it could. However, one area of concern is the difficulty in delivering the program to young children.

Most sites using the specialized curriculum for children up to 7 years old could only work online with the parents, whereas the in-person classes were able to provide therapeutic play activities for children on similar topics discussed by the adults at the same time.

Also, as the pandemic progressed, middle-school children seemed to suffer "Zoom burnout" from online schoolwork and were less interested in participating in the online activities. Adolescents seemed to have a better

sustained response to the online activities.

Increased substance use seems to be a recurring theme during the pandemic. That makes us think that there may be an increase in issues relating to substance abuse and families. What has your research uncovered about how we can deal with this issue moving forward?

EC: The developers of CF! hope to break the cycle of substance-use problems, which tend to be intergenerational, as is family violence. Such programs have a place in the continuum of care: as a way to engage families in treatment and get them on the road to recovery.

However, there are gaps in our treatment systems, and for various reasons, people fall through the cracks and don't get the treatment they need in formal outpatient clinics. The hope is that interventions like CF! will be expanded beyond the current families whose problems have already reached a crisis point — and extended to families early enough before major crises occur, like child maltreatment or intimate partner violence related to substance abuse.

CF! is currently expanding implementation of its newer early childhood programs. Both early prevention and later-stage interventions are needed to address the current increase in substance addiction problems.

As we start to open back up and in-person interactions become more and more safe, what can we do with these findings?

EC: I think that the online experience will have a lasting impact on how these sites deliver this program, even when they return to full in-person mode. I can imagine a hybrid type of intervention, especially in rural areas, similar to how telemedicine was initially developed to provide medical care to rural communities. Even in urban areas like San José, I expect we will see more online communication, such as special “homework” to practice at home what is learned in-person at the agency.

In terms of future research, we don't know the longer term impact of this program. Sixteen weeks is such a short time period in these families' lives, so we will be conducting more research from program graduates, and we will be trying to collect data about long-term avoidance of child maltreatment, violence and substance use problems.

To learn more about Cohen's work, read [the entire published study](#).

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