



U.S. Department of Health and Human Services
Administration for Children and Families
Office of Family Assistance

National
Responsible
Fatherhood Clearinghouse



NRFC Webinar Series

Working with Fathers to Identify and Resolve Substance Abuse Problems

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Webinar Transcript (Provided by PGI Global)

Moderator:

- Patrick Patterson, National Responsible Fatherhood Clearinghouse (NRFC)

Opening Remarks:

- Lisa Washington-Thomas, NRFC COTR, Office of Family Assistance

Presenters:

- Ted Strader, Executive Director, Council on Prevention and Education: Substances (COPES), Louisville, KY
- Andrew Gaddy, Program Coordinator, McDermott Center/Haymarket Center, Chicago, IL
- Nigel Vann, National Responsible Fatherhood Clearinghouse

Operator: Please stand by. We're about to begin. Good day and welcome to the International Responsible Fatherhood Clearinghouse January Webinar hosted by ICF International. Today's conference is being recorded. At this time I'd like to turn the conference over to Patrick Patterson. Please go ahead.

Patrick Patterson: Thank you so much. Good afternoon and happy New Year everybody. Welcome to our 2014 series on the National Responsible Fatherhood Clearinghouse webinars. As many of you have signed on you have a sense of the topic. In the last year we've done a good information gathering session trying to find out what are topics that the field is interested in us presenting on and bringing on experts.

So at the top of the list is the topic of dads dealing with substance abuse issues. And so we're going to hone in on that today. We have a talented lineup of speakers but also going to give a chance for comments and questions from the field as well. My name again is Patrick Patterson. I'm the manager for the National Responsible Fatherhood Clearinghouse and we're very delighted that you decided to join us.

Based on preregistrations this has been one of our largest efforts to date and I think it speaks to our speakers but also the topic at hand. I want to invite you all who are on to participate with us today but also into the future via social media. The Fatherhood Clearinghouse is connected via social media and we have two addresses that I want to give to you that you can either like us or follow us. On Facebook you can find us at fatherhoodgov and on Twitter you can find us at fatherhoodgov.

If you have questions and comments today and into the future, we'd love for you to join us on social media as well. Before we dive in I want to invite a very special part of our team - our leader - to give some welcoming comments from our Office of Family Assistance federal partner, Ms. Lisa Washington-Thomas. Lisa?

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Lisa Washington-Thomas: Hi, thanks Patrick. I just want to also say good morning to you and thank you for coming to our first webinar of the 2014 calendar year. We are very excited about working - the title working with fathers to identify and resolve substance abuse problems because as Patrick mentioned, we reached out to you to find out what are the great topics.

And what we heard are that you're treating the entire person. It's not - you're not just focused on some of the allowable activities but to help a person get a job or to help them increase their parenting skills, you have to look at the whole person and the barriers and the problems that they might be facing and giving them help so that they can be a better parent and a better employee.

So we're very excited that we have speakers from COPES and Haymarket to come to you and talk about their experiences working with fathers to help them to resolve or to at least address the substance use or substance abuse problems or issues that might be facing them.

I don't want to spend too much time talking but thank you. We had a spirited debate here in the Office of Family Assistance about this topic. So I hope that the information that you learn will spur more conversations about this issue and help us to highlight other promising practices that we can share to help people who are - help practitioners who are working with that and helping them to become better parents and reach their highest potential. So thank you very much and I turn it back over to you Patrick.

Patrick Patterson: Thank you Lisa. Thanks so much. This topic is not one that's new to folks on the line. I think as we've discussed in preparation for this, most of us can relate either through our professional work or personally. Someone who's been affected by substance abuses whether that be alcohol or a drug - in most of our fatherhood programs when we talk about some of the barriers that prevent guys from being involved, the conversation never ends without talking about the impact of substances on dads being able to be connected to their kids and to their families in a healthy way.

And so this is a very timely topic. Again a lot of the speakers are well adept at speaking on the topic and we're going to look to get into it. I want to start where I can just give you guys a sense of our objectives for the day and they're multifaceted. By the end of this webinar we'd love for our participants and attendees to understand the following - techniques for identifying substance abuse problems, detection. How do you identify either onset but also with someone who discloses with you?

We'd love for you guys to glean from this webinar ways to help fathers acknowledge and commit to dealing with substance abuse problems. Part of the recovery process of course is acknowledging that you have an issue. We'd love for our participants to understand tips for helping fathers resolve substance abuse problems and we're going to get into some of the resources that are available we believe in most communities across the country.

We'd love for our participants today to understand how to utilize peer support groups and connections with program staff to help fathers overcome substance abuse issues and strengthen family relationships. Those two things are very connected. We'd love for our participants today to understand how to establish effective referral networks. I think you're going to hear two perspectives and maybe a couple more today around not trying to make your organization a substance abuse organization but where you can utilize the relationships with partners locally who are expert at dealing with this issue.

And then last but not least we want to share with you and want you to understand resources for fathers and practitioners who work with these men and families who are dealing with the issue of substance abuse. So we have a healthy lineup of objectives we've prepared and our presenters are prepared to share as well.



Just a couple of housekeeping notes. As you heard from the operator this webinar is being recorded and so I want to talk through and have one of my colleagues talk through how you can participate today as well. We're using some wonderful webinar technology which allows you guys to interact with us during the webinar. So I want to ask Matt Crews if he would talk us through how you ask a question during the webinar. Matt?

Matt Crews: Alright. Thank you so much Patrick. For today's webinar we have two audio options - one via phone and the other through your PC or tablet that you're viewing right now. If you prefer to listen through the phone, click on the green speaker icon in the upper left section of the screen and select Mute My Speakers. And if you prefer to listen via PC you can hang up your telephone lines at this time.

We're really big on communication here at the NRFC and always encourage healthy dialogue around the subject matter such as today's topic. If you'd like to comment with or amongst the other attendees while today's webinar is in progress, feel free to drop a line in the chat box in the lower right hand corner and keep in mind that everybody will be able to view these comments.

Lastly, right above the chat box there's a question and answer pod. If at any time you have a question for any of today's presenters, enter it here. We'll address as many of these as possible after all presenters have finished their presentations. If we don't get to your question today we will follow up and post all answers on our website fatherhood.gov. And if you need information sooner whether it be a question or a copy of today's PowerPoint slides, email us at info@fatherhood.gov.

Lastly if any of you are tweeting today be sure to use the hash tag #NRFCWebinar - that's NRFCWebinar and I know you can have the dialogue on Twitter with us as well. That's all I have for you guys. Thanks for joining us and enjoy the webinar.

Patrick Patterson: Thanks Matt. So I'm going to introduce our presenters and then we're going to dive in.

Our first presenter is Mr. Ted Strader Founder and Executive Director of the Council on Prevention and Education Substance Abuse - Substances. The acronym for the organization is COPES. He's the lead author and program developer for all COPES programs. COPES has received several distinctive honors and awards including exemplary program awards from three separate agencies.

His curriculum *Creating Lasting Family Connections* is listed on the National Registry of Effective Prevention Programs known as NREP and it has been recognized as a national model. I was speaking first hand - I've been to this site a couple times and it is a national model. In March of 2001 the present Office of National Drug Cultural Policy gave COPES a special recognition award for providing quality drug prevention services to the nation.

Mr. Strader has published several books, curricular, articles and presented at many local, state, national and I would add international conferences and has served as a consultant on personal and family life skills for many families across Kentucky but also across the country. He's been at this for 25 years and is considered an expert in this field.

Our second presenter is Mr. Andrew Gaddy, Coordinator for Haymarket Center's Pathway to Responsible Fatherhood Program in Chicago. Mr. Gaddy attended Lakeland College and Roosevelt University majoring in social sciences. Mr. Gaddy is a certified alcohol and drug abuse counselor in the state of Illinois and has worked in the alcohol and drug abuse treatment field with low income fathers since 2003.

Mr. Gaddy is the father of four and the grandfather of two and just like going to COPES program in Kentucky, I also had a chance to visit Andrew's program in Chicago and again a model program that's doing some great works in the city of Chicago.



Last but not least is a man that many of you might know from years of work in the Fatherhood field - Mr. Nigel Vann. Nigel is the product development lead for the Fatherhood Clearinghouse and a content expert on Fatherhood matters across the country. Nigel has worked as manager, trainer and consults with programs for fathers and families in the United States and England since 1988.

He has worked on four major fatherhood demonstration projects, four international fatherhood projects, and two healthy marriage initiatives in his time doing this work. He is currently working as a senior technical specialist for ICF International and again is our product lead on the National Responsible Fatherhood Clearinghouse. So please join me in welcoming our three speakers for today's webinar.

I'm going to do a quick highlight. I'm going to assume that everybody knows who the Fatherhood Clearinghouse is and then I'm going to turn it over to Ted to begin giving us some content. For those of you who know fatherhood.gov, you know our website is fatherhood.gov. We're a federally funded office out of the Office of Family Assistance and we are charged with providing practitioners with resource information, research but also promising practices for not only practitioners but for the field at large.

We're lead by our director Mr. Kenneth Braswell. For most of you, you may email on social media. We allow and try to permit folks to connect with us directly. I'll give you Kenneth's email address which is kenneth.braswell@gmail.com. So for today's webinar and anything you have related to Fatherhood in the field, feel free to email him directly.

I mentioned my name earlier and my email address is here as well. It's patrick.patteson@icfi.com. I think there's an error on the slide. I apologize for that - patrick.patterson@icfi.com.

Last but not least I'm going to highlight real quickly our priorities for the Clearinghouse and then I'm going to turn it over to Ted. Our website is our main interface with the public. We consider that to be a never-ending website and so it grows as the field grows. We invite you as you visit our website - if you see things that are there if we want to hear the good news. If you visit our website and there are things that are not there that you know should be there, I would encourage you to email myself or Kenneth or to the Clearinghouse website - our email address at info@fatherhood.gov.

Matt shared it with you guys earlier. I just wanted to make sure you guys are aware of that as well. There are a couple of features that I'll mention from our website. One of them is something that we released in June of last year which is our first ever national Responsible Fatherhood Toolkit. You can locate that on our website but it's a great resource for the new practitioner but also the veteran and Nigel had a heavy hand in leading that effort.

Last but not least if you catch all of this webinar and you want to share with other colleagues, we archive these. So there's a link here that points you to where this webinar will be found on our website about seven to nine days post today's webinar. If you have information that you want to share with us directly, I also want to share with you how to contact us. The email address is info@fatherhood.gov - info@fatherhood.gov. Please feel free to use that with questions and or comments relating to today's webinar or anything related to the fatherhood field.

We take very seriously an opportunity to reach practitioners but also equally the opportunity to touch and contact - be in contact with the actual dads and families in the community. And so there are a couple ways that we do that through the Clearinghouse. One of them is through our call center. It's a free hotline that we encourage dads, moms, families to call and we try our best to address a range of issues.

Some of those cover child support, visitation, custody, conflict management and we try to answer any question that we have for professionals in the field as well whether it's looking at things on our website or resources that are in the

field. Our hotline is staffed five days a week, eight hours a day and we include a mixture of staff that speak English and those that speak Spanish as well. So that's a real resource for dads also.

You heard our social media handles earlier. In the last two years we've launched Facebook and Twitter accounts and we received great conversation from dads in the field, moms in the field regarding conversations and questions they have around Fatherhood. And so our Facebook address is [fatherhood.gov](https://www.facebook.com/fatherhood.gov) and you can find us on Twitter at [fatherhood.gov](https://twitter.com/fatherhood.gov).

The last couple of points - from the White House and HHS in the absence of dads, mentoring has been promoted as a resource. And so you'll find a link on our website for the President's Fathering and Mentoring Initiative. We invite you to join us there. You can sign up for list serve updates but also resources that are sent from that link to you guys each month and sometimes more frequently.

Last but not least every year we see June almost in the vein of Super Bowl. We do our largest media campaign efforts during that time around Father's Day and so every year we promote and conduct a large scaled media campaign. Some of you might have seen commercials that we've done in the past with the cheerleader dad. We did a special spot last year with *Despicable Me 2*. With the release of that movie we did some PSA's there. And then last but not least we did a new effort within the last 18 months called fatherhood buzz which some of you guys may be connected to.

It's another on the ground effort to touch dads in barber shops across the country. In the last couple of years we've reached a little more than 400 barber shops where on a given Saturday we collectively provide information to dads in barber shops across the country. And so we're very busy looking to speak to practitioners but also dads on the ground.

And so I'll stop there with the overview of the Clearinghouse. I'll invite you to visit our website post today and also connect with us again on Facebook and Twitter. With that I'm going to ask Ted if you would to lead us off. Ted the time is yours.

Ted Strader: Well good afternoon Patrick, Matt, Lisa on the East Coast and my East Coast colleagues and good morning Nigel, Andrew and Dan, and everyone out West. I'm happy to be here diving right in.

So in my 35 years of working in this field working in America, working with American families from the East Coast to the West Coast - all 50 states - in American culture there just seems to be a lot of different threats toward young men developing the attitudes, values and skills necessary to become responsible fathers.

One of those - next slide please - one of those issues in my experience is the threat of unhealthy involvement with alcohol and drugs. By unhealthy in this context I generally mean both regular abuse of alcohol and or drug intoxication for recreation, relaxation and also the more severe alcoholism, chemical dependency and addiction that we can see. You might advance to the next slide.

Unhealthy alcohol and drug involvement also includes illegal sales and distribution which threatens personal freedom and father absence due to possible incarceration. Next slide please. People who may be harmfully involved with alcohol and drugs often experience serious negative consequences in important fatherhood roles. From parenting children are negatively impacted when there's heavy use that involves intoxication or abuse.

Relationships - spouses are impacted negatively with either regular abuse or addiction. And employment can be impacted with even occasional use if it involves illegal drugs - drug testing - and employees are impacted negatively with alcoholism, drug addiction in terms of huge cost to their bottom line with absenteeism, problems, fights and so on.

So lots of relationships are impacted harmfully with abuse and addiction. I think that's fairly obvious. Next slide please. I suspect that most of my colleagues on this call would probably agree that the role of a responsible father requires responsible decision making about alcohol and drugs. But what is responsible decision making? That is a huge debate and I suspect when Lisa was talking about those conversations at OFA - Administration for Children and Families - because we're all Americans and because we all have histories and families and experiences. Lots of discussions come across with this - what is low risk use.

Is alcohol with meals acceptable? Is having several beers at a ballgame acceptable? Is it okay to drink a few beers at a ballgame and drive home or at a party and a social event? For us, for my agency, for the position we've taken locally and nationally we can support abstinence for anyone and we can support low risk drinking as defined by the CDC by the federal government - by the health agencies around the world.

There's pretty common research that says from zero drinks and I guess I'm talking about a 12 ounce beer, five ounce glass of wine or an ounce and a half of distilled spirits is generally a standard bar measured drink. One or two of those with a meal is considered low risk drinking. There are even health benefits for being engaged in small quantities, small frequencies of alcohol intake while we support abstinence but then the question is well what about other drugs. And the key drug where you get the deepest and most heated conversation these days and that's largely been true since about the late 60's is marijuana.

Is marijuana better or worse than alcohol? Well from a health perspective - I'm speaking from a health perspective, not a legal perspective. I'm concerned about the health of individual's families, children, the health of communities. For me the way I think about it and one of the ways we frame it in our program and the way we frame it in our work is avoiding drug use for the purpose of intoxication is probably a healthy approach.

With alcohol there is such a thing as use that does not lead to intoxication. It's pretty rare except for the experience of Bill Clinton when he was president - he tried marijuana but he didn't inhale so he didn't get high so everybody said well that's okay. But how accurate was that? I don't know. It wasn't there. I don't need it to be there.

But what I do know is that when people become intoxicated it's a different thing than when somebody has a social drink with a meal. So regardless of the drug for us when we talk about it with friends, family, clients in our programming we try to help people understand it's probably helpful to avoid intoxication from any mood altering substance whether it's legal, illegal, whether it's prescription drug or not except in the severe case of surgery and so on - severe pain and for a while. And even that can lead to short term difficulties and relationships with those drugs.

Next we like to talk about recovery. Most people can support recovery from any mood altering substance. Most people support alcoholism recovery. People support drug recovery. Communities learning to be widely supportive of that rather than judgmental and critical and stigmatizing people who have had or even who currently have alcohol and drug problems is part of the problem. It happens to good people.

So the final point about that is really from a parenting perspective, you know, I've been doing family strengthening programming for years - 35 years - and the real issue is the ability to communicate healthy alcohol and drug related attitudes and behaviors to our children. And if you're getting high and children are seeing that, that doesn't seem to communicate a healthy message.

In working with kids they rarely say I like my daddy when he gets drunk. Some do but in those cases it usually means there's been abuse in the family - physical abuse. So that's one of the ways we try to frame it. Next slide please.

Given that it just seems that responsible fatherhood programs would probably do well to consider some form of nonjudgmental - this is key - nonjudgmental, no stigma but caring and support of alcohol and drug screening at some point in time during fatherhood program participation. Maybe up front if you're really an upfront agency that's going

to do alcohol and drug programming but maybe halfway midway through long-term into the relationship so that it's not so threatening and scary to a new participant - to a new client. This requires great judgment - something we could spend hours talking about.

But the bottom line is it seems to me and I'm asking my colleagues wouldn't it seem well for us to consider some form of nonjudgmental caring in support of alcohol and drug screening and referral in our agencies. Next slide please.

So based on just that basic overview my personal recommendations for fatherhood and healthy marriage programs - I'd like all our colleagues to consider providing brief but effective alcohol and drug screening sometime during the course of their programming preferably after they've developed a positive relationship. This probably requires staff trainings - maybe staff screening as part of a program policy might be well to consider as well for effective administration.

Establishing ongoing access to an effective alcohol and drug consultant or consulting agency. Do you have resources at your fingertips should an issue like this arise where you'd have expert guidance so you don't lose the client, the client doesn't lose your support and you have access to healthy ways to address substance abuse in an individual client and or their family and how they're affected?

And then finally establishing a - I'm sorry - instituting effective drug prevention early intervention component or curriculum. That's something I've done and something I have done in my lifetime as a real investment. We spent 10 or 12 hours in all of our programs on how to talk about alcohol and drugs and we come at it from a parent's perspective. How do you as a parent, as a dad want to talk to your kids about this topic? That opens the door in a nonjudgmental caring way that says I care about your kids. I care about their health. I care about you. Hey dad, have you thought about how your kids look at this?

So we have a real very scientifically designed process for opening that topic slowly, engaging it very gently but with straightforward integrity now. It's not manipulative but it's a dialogue and we've programmed it in and we've done research with hundreds of - well it's been given to thousands of families. When you program it well people can become - can talk about it openly and non-defensively and make self-assessments and become self-awareness.

So then if people do become aware, it's very important that you have established the last bullet - establish an effective local and culturally sensitive addiction treatment referral network. You know, addiction - alcohol and drug use - there are different subcultural ideas, thoughts and feelings about these issues - different ways of handling them, different ways of looking at what's helpful, what's not, religious involvement or not. So it's important to have a network of culturally sensitive treatment providers at your disposal should you have them in your community and many communities do and if not, we should figure out how to develop that across the nation.

I work with not only the Office of Family Assistance but also with SAMHSA nationally and there are lots of resources we can bring to bear to support our fathers, our families and America's children on this topic. So there's my quick intro. I look forward to handing it back to you Patrick.

Patrick Patterson: Thank you Ted. Great introduction. I know one of the questions that came a little bit earlier that I think we'll hold until the very end is around the cultural sensitivity piece. I think you mentioned that and there was some folks who were wanting to get some more detail on that. So I just want to say thank you for that and we'll pose that question a little bit later.

I want to invite Matt to come back on real quick to just share with us how to ask questions because we're getting some questions about how to submit questions. Matt?

Matt Crews: Hey thanks and I see many of you are using the chat box online. That's awesome. We're having some great dialogue here today. The question and the answer pod is actually in the bottom right above the chat box in the bottom right hand corner. If you have a question at any time for any of the presenters, we'll be addressing those at the end of the webinar. So feel free to submit your question for the presenters in there and at the end of the webinar we're going to address as many as possible and yes, that's it.

Patrick Patterson: Okay. Andrew the time is yours. Go for it.

Andrew Gaddy: Okay, thanks Patrick. First and foremost I'd like to thank the National Responsible Fatherhood Clearinghouse as well as the audience that's joining us for this opportunity to share this information on this very important topic to further identify and resolve substance abuse problems. So thank you.

Let's hit it man. Let's go to the next one. Haymarket Pathway with the responsible fatherhood program is fully integrated within a comprehensive substance use disorder treatment facility. This allows us to help a huge volume of fathers who are estranged from their children and mothers of their children because of substance abuse.

Our programs help to reconnect them with their families and improve economical stability, build healthy relationships as well as promote responsible parenting that's been damaged due to drug use. Most but not all of the men we work with come to the program learning we help with substance abuse disorders.

((inaudible)) recovery can help men become responsible fathers and start intergenerational trauma and abuse. Responsible fatherhood programs can help fathers in their recovery so they go hand in hand. Next slide.

The first thing I want to discuss with you guys is the definition of substance abuse disorders which is different from the occasional drink of alcohol. With the 2013 publication of the diagnostic and statistical manual of mental disorders edition five - the fifth edition - DSM 5 - we've seen the change from alcohol abuse and dependency to a new continuum of alcohol and drug use.

Drug and alcohol use with no problems would be the first where you can have that occasional drink with dinner and nothing leads from it then you have the drug and alcohol use with minor problems, drug and alcohol use with moderate problems and drug and alcohol use with severe problems.

Substance abuse disorders - the severity depends on eleven symptoms - possible symptoms that's present. And if you guys later on will discuss if you like using questions and answers concerning those eleven symptoms and I would be good to discuss.

There are three symptoms that overlap with ACF OFA approved activities for Pathways Responsible Fatherhood program. So our first activity is the promotion of healthy relationships and marriage. So when you look at servicing fathers who have this symptom which is continue to use despite issues or prevention of things that they should be doing at home and in the relationships then you look at promoting the first activity. So you're treating the symptom and you're also promoting the healthy relationships.

Then you have the second which is promotion of responsible parenting. That's continued use of alcohol or a substance when it's preventing you to do what you need to be doing at home. So when you're promoting responsible parenting, you're also treating the symptom.

And then we have the promotion of economic stability which we're treating when a father says well we're going to give up our occupational responsibilities to drink or use a substance. So they're able to be tied in with your servicing or treating a substantive alcohol problem as well as promoting the three activities for responsible parents and fatherhood. Next slide.

So one of our goals to determine whether a father is on the continuum of alcohol and drug use. The first thing we need to do is use evidence based screenings and assessment tools. This may require training to implement and interpret on your staff's part. Screen for possible presence of a substance abuse disorder. Once that's identified, the assessment to diagnose the severity in the presence of substance abuse disorders that make treatment recommendations.

In general fatherhood programs don't push too hard on this up front for you risk losing your dads. Help fathers make the connection between their problems and their drug and alcohol use. Bring the subject up. Gain their trust. Engage dads in groups and one on one discussions. For example explore their experiences growing up. Explore personal and intergenerational alcohol and drug use history. Guide them to reflect on reasons for alcohol drug use and lessons that may be sent to their children. Next slide.

So we have a question like what's the difference between a drink of alcohol and a joint. Well if you have certain circumstances that are present then there is no difference. And just quickly I'd like to say the few is the genetics don't mean if someone - if you have a family history - if someone in your family has a history of abusing alcohol or drugs then pretty much you're predisposed. It increases the odds that it will affect you.

Gender - men tend to usually have more issues than women but when women do have issues with addiction then it tends to be more severe and they tend to wait later in their addiction to seek for help and that's pretty much due to support reasons - maybe childcare, financial reasons. And then so if you have that present and then you have the environmental things - predisposed to environmental risk - ((inaudible)) home or abusive home, parents use and attitudes, peer influences.

Pretty much it will promote that and addiction may become an issue for you so we want to look for those things in our fathers when we initially meet but once again not to push too hard with it but definitely be on lookout for it. Next slide.

So the nationalists ((inaudible)) on the drug abuse has said addiction is a chronic relapse and brain disease. Drugs change the brain. It's not a moral disease meaning that if someone doesn't wake up in the morning saying well today I won't take care of my responsibilities. I won't be the dad that I need to be. No, drugs change the brain. It changes the structure and how it works. These brain changes can be long lasting and can lead to many horrible often destructive - self destructive behaviors.

That's because when you look at the cycle - so is anything you do new. Say (Arthur) takes a piece of chocolate. The chocolate tastes good. You want to try the chocolate again. That's the same thing with drugs and alcohol. You take a drink. You smoke a joint. It feels good. The brain says oh I like that feeling. I want that feeling. So what do we do? We try to do it over and over again to get that same feeling. It's in the brain.

So then we start to neglect things that we need to do - work, be a responsible parent, be a significant other - a good significant other - those things take backseat to getting that feeling again. So it's not just moral. It's actually a brain disease and NIDA has information on it - the National Institute on Drug Abuse. Next slide.

So tips for helping fathers resolve substance abuse disorder. So provide an integrated service that helps fathers build a recovery capital. A recovery capital is resources that help fathers with SUV's which is substance use disorders sustain recovery over a period of time. So a program - you should have - if you don't have this onsite you should have collaboration and partnerships that have treatment, self-help groups, recovery support service and programs like responsible pathways to - pathways to responsible fatherhood. Those all come together to build that recovery capital.



Use evidence based fatherhood practices that integrate substance use education and promote family based treatment approaches. Next slide.

In establishing effective referral networks the most effective referral networks fatherhood programs will provide support services that build recovery capital and achieve SAMHSA national outcome measures for fathers with substance use disorders.

So we have a network that says well we have the SAMHSA national outcome measure that says abstinence from drugs and alcohol. So we want to connect and partner or collaborate with a detox program assessment, residential treatment, outpatient treatment. So our programs should be partnering up and networking with those services to be provided to the fathers to decrease symptoms of mental illnesses.

So we should have mental health providers on the team, psychiatric services and integrated care and we should all be part. So as you guys can see from the slide the number of SAMHSA national outcome measures. So each one of those outcome measures - when you have those you should be partnering up or collaborating with a program that will do the same like decrease in arrests and criminal activity. So we want a program that addresses criminal thinking, legal aid, expungement - those things that dads come in the door they're needing help with.

Insure that all fathers are linked to personal counselors and enrolled in Medicaid or qualified health plans. Next slide. My recommendations - to identify problems and help dads with knowledge - go back to slide. Establish a cultural, physical, mental and chemical and spiritual health and fatherhood programs. Don't push screening too hard up from in general programs. Motivation interviewing will be needed. Have the father identify those issues.

We know that part of economic stability is job change, job readiness and job placement. Well have a dad identify what the chance is of you getting a job if you have a positive urine screen when you go in for the job. Coordinate with addiction providers with experience in motivation and interviewing. Link clients to medical mental health substance use screenings. Hire fathers and recovery of staff. Members to serve as group facilitators, mentor and coach - someone that may have been where that dad is at, someone that can relate and be empathetic to that father - not sympathetic but empathetic because they know where they've been, where they're at so they can relate which is truly important.

That has recovery ((inaudible)) families - use them any way to self-help and professional approach. Involve fathers in recovery to motivate other fathers - mentoring, using peer group leaders which leads me to my next bullet. Onsite peer groups - AANACA's and linkage to other peer meetings. Provide every meeting directories and recovery literature. Connect to retrace at other recovery events. Family counseling to reunite fathers with children and mothers. My last bullet would be family interaction nights where fathers can practice the skills that they've learned as evidence based practices - for example 24/7 Dad created ((inaudible)) connection.

I know Haymarket's saying that we're pretty unique because our front and our - the mission - the primary mission is to aid and assist people who are being afflicted with addictions to alcohol and drugs. So our average client comes in the door with that issue of substance abuse and I know the conventional fatherhood program isn't set up for that but I would say that you look at the population that has come to your door for services and those - if you have a large number that's dealing with substance abuse then look to collaborate a partner with programs that can age. Next slide.

These are my resources that you guys can feel free to look up. So I want to thank you and this is my partner. I'll give it back over to you, Pat.

Patrick Patterson: Thanks Andrew. We had several questions that came in. I'm going to give you a heads up and then I'm going to turn it back over to Ted. One of them - just so you have a sense of what's going to come at you -

one of them was around - you mentioned a couple of times about not pushing too hard and there's folks who are asking questions about what that means. You had a couple of questions around actually the characteristics and the manner with which you do your assessment.

You mentioned - like I said - a couple of times around not pushing too hard but what's your approach where you get information but don't push the guy away? It's also a great consideration and then there was a question that came in for both you and Ted that we'll ask you guys a little bit later around the staffing and what are the characteristics of a staff that you best see be able to do this.

And then a second question that was - you mentioned people who can relate, you know, most of the folks who you're asking to work with these dads or these families have been a user or abuser earlier to really understand it. So those are just four previews of questions that we're going to throw at you in a little bit.

Andrew Gaddy: Okay, thanks.

Patrick Patterson: Got it?

Andrew Gaddy: Yes.

Patrick Patterson: Okay. Ted back to you.

Ted Strader: Alright well thank you Andrew. Great job and thanks for mentioning CLFC. Someone had asked what is CLFC. That's our program model - *Creating Lasting Family Connections* - and there's - in the resources you can click on a link to read what it's about on the national registry of evidence based programs and practices. Instead of reading my promotional literature, you can read what SAMHSA says about it. And thank you Haymarket Center Dan and Andrew for using our program.

I would like to talk about just COPES. We've got 35 years history of doing family strengthening programming and we started that in 1979 and I started working with helping families do stronger and do better at substance abuse. Kids kept hitting us over and over again so I started working on substance abuse prevention programming and I guess I spent 20 years - well 35 total working on that and just in the last eight years I really wanted to jump fields over here to the fatherhood field that was emerging because I kept seeing what was going on.

I was just saying hey, we need to integrate. We need to integrate. We need to integrate. That's how I got here so I came over to the fatherhood and marriage programs with OFA and I'm just delighted to be one of - with so many great colleagues and I do want to bring the substance abuse prevention agenda to Fatherhood and I'm saying prevention because talking to a dad whether he's chemically dependent, abstinent, a social user or abuser, dads - white dads, black dads, rural dads, city dads - dads care about their kids a ton whether they live with them, whether they don't.

And sometimes they care more when they don't live with them than when they do because they miss them so bad. So what I have found - I said it earlier. I gave a little preview. I said hey, you helped dads learn to talk about what this issue in relation to their children. It's a different conversation. So all of the programs that we have developed - I also became kind of a research geek. I mean I want to make a difference. I felt for years I was trying hard, good passion but I wasn't making a difference so I learned how to do evaluations too. So I became a little bit of a research geek.

And I think that matters because most of what you do intuitively on an issue with like alcohol and drug abuse actually turns out to be exactly the wrong thing. You talk too loud about it, too fast before you develop a relationship. If people feel like you're judging them whether it's a moral issue or a health issue or legal issue - if it's a daddy issue, men will talk and listen. That's been my experience - moms as well.

So our programs are evidence based and they're proven to work. They're not just we sort of think they work but they've been proven to work with hundreds of people in multiple, multiple research studies. So I really push evidence based approaches because I've held myself to that standard.

So we have an evidence based substance abuse prevention program family that's already - oh next slide please. And let's go one more. Thank you so much. Now let's go back one now. There you go.

So we have a substance abuse program that SAMHSA has promoted and it's in use in all 50 states, six other countries, the US territories and the various places around the world because it works. It works because it's - like us ladies and gentlemen, the fatherhood field and marriage field - it's family centered. It's worked up - we've got effective results working the substance abuse prevention field by working with moms and dads and couples and families. What mom and dad does matters most to a child period.

So coming from that experience I said I thought I could bring our model to the fatherhood and marriage venues and get results. So I came over and applied for funding with OFA and was blessed a couple or three times with grants to pursue that and we've published those results now. And our fatherhood program - we designed it specifically for fathers and to be honest I designed it specifically for dads who had some form of challenge in their life - substance abuse, prison, even something challenging like military service and reentry back into society after being in war - at war where your life's at risk.

People who have had those experiences - painful experiences are often exposed to alcohol and drug use as a stress relief - as a way to handle the pain and suffering that they're going through and sometimes they develop addictions and sometimes they don't but either way they can benefit from reviewing where they've been in that relationship.

So when we addressed our fatherhood program with reentry men who had substance abuse problems in prisons we improved the nine relationship skills that most of us are trying to change. Yes, we did that. We also had them look at alcohol and drugs for 12, 15 hour curriculum that we had - one of our components. And we reduced recidivism by 60%. That's crazy. Those are crazy good numbers. That's how important I think this topic is to fathers in America.

Marriage enhancement program - we improved all nine relationship skills again there and we improved treatment and prison recidivism outcomes. So all three of those programs - next slide please - are listed on the national registry of evidence based programs and practices and we published research peer review journal articles that show the results and give you an idea of how we're doing it.

So how do we get that? I think that we're getting that because we understand fathers and families. We understand rural fathers. We understand urban fathers. We have relationships with men from all walks of life, multiple cultures and ethnicities, multiple religious beliefs. We have catholic. We have agnostic. We have Muslim brothers in our programs. And we work together - we learn to work together to address our own issues and our own families from our own cultural perspectives and not from somebody else's.

Our programs are designed to help people see that we're - we all may be unified as humans but we're significantly - we have significant and cherishable differences that we each can cherish how we're different from others. And we have differences that hurt us and we can grow beyond some of the less than healthy attitudes in our culture - in our own personal culture.

So there's a real advantage of working from a broad cultural base where we can look at differences and celebrate our strength. We can look at differences and start to examine our weaknesses and then sure them up from the strength of others. That's the design of the creating lasting family connections programs. That's why all three of them probably get results.

So we understand dads. We understand the minority experience which isn't - it isn't a color. It's not a race. It's an experience. When guys came back from Vietnam they felt less than because they served their country and got shot at and developed pain and anxiety and then the country was upset about the war. They didn't feel welcomed home. Well that's minority status. Those guys deserved hero treatment but I've been working with guys from that era and then men coming back from Iraq - Afghanistan.

So any experience of less than this increases the likelihood of abuse and dependency - just increases the likelihood. That's not a - it's not a warrant. It's not a promise. It's just a threat that comes to us when we experience that kind of pain in life. We understand substance use and we're neutral on whether a person drinks a beer with dinner, whether a person tried a joint in high school or college, whether a person experimented once with cocaine. Who cares? That's irrelevant.

But what is relevant is what kind of relationship do you have now. What's that do to you as a daddy? How does your child see that? How does that experience - what's that doing for you at work? What's it doing for your home? So we understand the difference between use, abuse, dependency and we understand how to do interventions with people so that they feel cared about, loved, and accepted and included all the way through.

If people feel threatened, judged, morally judged, held with disdain, stigmatized, they run and they ought to run. They don't deserve that treatment. So we treat people with a nonjudgmental and welcoming approach whether they're actively engaged in addiction, abstinent, in recovery or not. Everyone's welcome at our shop and we ask others to treat everyone else in our shop that way. And when you create that environment people do and when people do, they heal each other. So we understand those terms. Next slide please.

We understand the men. We understand the minority experience and we understand substance abuse. So what do we do at COPES? Now look, in our - in this design I was talking about what we did with our reentry and recovery men. I said screen for substance abuse at intake but if I'm running a general program, I'm not going to screen men for substance abuse at intake. They won't come back. My experience is they go, "Oh these guys are on a mission and they're out to get me and judge me and somebody used the word detection or catch me." It's not like that. It's more like I love you brother. If it's an issue, let's address it together.

So we screen absolutely and if I was running any fatherhood program I would eventually screen for substance abuse. You can't improve the quality of your relationships at work, at home, at school - anywhere if you're chemically dependent or if you're harmfully involved. If you're getting high on a regular basis it's difficult to manage your thoughts and your emotions in a way that's supportive to yourself and your family with clarity. It just creates delusional thinking in our experience.

So, you know, having - you experience intoxication once or twice in your life, once or twice a month for a five year period when you were a teenager - I'm not worried about that. But as a grown father - as a grown man I am concerned if you're doing that regularly. I'm concerned if you're doing that in front of your children, concerned if your children see that and worry about whether you're going to be high or sober, whether they can depend on you or not.

So what do we do? We employ successful minority reentry recovering staff. I also hire, you know, I've got Catholic, agnostic, Muslim staff. I've got staff from 20's to 60's. Age range matters. So people respond when they're in an atmosphere of acceptance and inclusion of nonjudgmental. You don't have to match every client to every staff person with culture or race or age but it's nice to have a broad range of staff so that people feel accepted and included and see people like them around being treated with love and respect.

Our curriculum includes - our fatherhood curriculum includes parenting, sure, communication, sure, refusal skills, yes. We include healthy safe sex in our curriculum. We also have a substance abuse component and as I said earlier,

it's called developing positive parental influences because dads want to influence their kids on alcohol and drugs in healthy ways and when you slowly structure that conversation as we do in that curriculum men become aware of addiction, become aware of abuse and they change their behavior that's documented - well documented in the science.

It's designed to provide intergenerational outcomes. This is an intergenerational problem in our culture and in our cultures. And some of us have more than others. We have a broad array of male and minority sends from the referral partner agencies that address substance abuse, treatment, recovery and support because we're running a fatherhood program for this so we refer our men to others. But we - they stay in our program while they go there.

We're not abandoning them. We're not saying you don't belong here. Go away. We're saying hey, do that too. We'll stick with you. You stick with us. We'll develop aftercare and we'll stick with you for a year. We'll work through this with you brother. You're my family. And that's what good healthy families do. So we maintain a deep collaborative relationship with corrections, with probation and parole because we're serving reentry populations with treatment provider partners and we do ongoing intervention meetings because people slip.

People make mistakes. People get clean and they slip. And we don't throw them out. That's just another day, another trick, another obstacle we're going to overcome together as a family. Next slide please. Next slide please, okay.

So here's a sample screening question that if I were running a general program people are going what the heck is a screening program. So I said let's stick this slide in. I stuck it in there this morning. Here are five questions that if you have a great mentor relationship somewhere weeks or months into your program depending on your longevity, depending on your - the duration of your program. Have you ever felt that you ought to cut down on your drinking or drug use? If a guy says yes or no - just yes or no - five questions.

Have people annoyed you by criticizing your drinking or your drug use? Have you been annoyed when some people just criticize you? Have you ever felt bad or guilty about your drinking or drug use? Does it ever bother you? Have you ever had to drink or use drugs first thing in the morning to steady your nerves to get read of a hangover to face the day? Have you ever worried about taking a drug test for a job? If you answered yes to two of these, I certainly want to hook you up with one of my alcohol and drug experts. I want to spend some time studying this more closely.

Honestly if you say yes to one of them it's an indication of a problem. So this is - these are - you know, if every fatherhood program just asked those five questions sometime in their program life, you would see much and learn much from your clients and if you could stick with them through the painful and kind of scary process of finding effective recovery - effective recovery supports in their families and in their communities and teach their families how to love and respect them - that's what works.

So that's what we're doing here. I thought I'd lay that out and we've got some - next slide please. I wrote an article for SAMHSA. SAMHSA loves what we're doing in prevention. They like what we've done with treatment. They asked me to write an article - how is treatment and prevention related? What's prevention and recovery and forum care? You can just click there and read the article. I encourage you to. The fatherhood program - it just gives you a rough overview of how to start thinking about substance abuse programs. It talks about the research from our fatherhood program.

And then the three NREP listings - the CLSC programs someone was asking about earlier - each one of these - it says COPES Substance Abuse Program, COPES Fatherhood Program, COPES Marriage Program - these are the listings on the national registry of evidence based programs and practices. You can click on and read about our programming and see if it makes sense to you.



For us one module of our fatherhood program is it trains professionals how to talk about moms and dads about these issues without getting them defensive without running them off and that's our developing positive parental influences. You can read about that on NREP. You can call us. Back to you Patrick.

Patrick Patterson: Thank you Ted. We're going to wrap up with a couple comments from Nigel and then I'm going to go through as many of these questions as possible. I'm going to ask Matt if he would just one more time talk us through submitting questions and then we're going to have Nigel close us out with some final comments. Matt?

Matt Crews: Sure. Right above the chat box there's a question and answer pod. And again at any time if you have questions for any of today's presenters, enter it here. And we're going to address as many of these as possible. For those that we don't answer we will put on the website info@fatherhood.gov and Ted, Andrew, Patrick, Nigel - whoever you have a question for will respond there.

Patrick Patterson: Thanks Matt. Nigel the time is yours.

Nigel Vann: Okay. Well thanks everyone. Yes, I mean as everyone has said, you know, this is a topic that we've been wanting to address for a while. It's so important for fatherhood work and I think Ted and Andrew have done a great job of laying the issues out so I won't be lather it too much but, you know, I certainly remember talking to fatherhood programs, you know, back in the early days, back in the late 80's and early 90's and everybody realized that substance abuse was an issue that they needed to deal with the dads that were coming into their programs but the question was how to do that.

A lot of programs I know chose to deny access to dads who were coming to the program high, you know, and saying you've got to deal with this before we can work with you. And a lot of programs have also had problems with staff. I remember a program in the early 90's where two of the staff were actively using and dealing drugs and the fathers in the program knew that. It created a major issue for the program. You know, they really had to retool the whole staff and recruit guys again so we've got to be real careful with those kinds of issues.

Some programs like COPES and Haymarket as we've been hearing are able to deal with these issues head on, you know, they are able to actually do some treatment on site. I think the majority of programs end up just talking around the edges of this. They can develop some referral partnerships in the community but that's hard in some communities and it is not really enough time to address it fully in a lot of programs.

So as I've sort of tried to capture on this slide here I think these are some of the issues that have been brought up in these two presentations and I did want to draw the parallel with talking about domestic violence which is an issue also the fatherhood programs really did not address, did not talk about very much until recent years and Office of Family Assistance has really been key in pushing this as a topic for their grantees.

So if you're a Federal Fatherhood grantee now you're required to develop a partnership with a local domestic violence advocate. You're required to have some referable relationships with them. You're required to do some kind of screening - at least a talk about how you're going to do that.

The third bullet that I meant to add here that I didn't get on here is you also need to do training with your staff. You know, staff need to understand what the issues are of domestic violence. They need to understand what your domestic violence partners do. It's exactly the same for substance abuse.

I think, you know, as Ted and Andrew have been saying, if you can't do this in house you need to find a way to do it in the community. So part of the conversation we need to have is how you do that if that's not really available in your community but we need to talk to our staff about this. The staff need to be good role models for the dads.

And I - in my second set of bullets there I think this is just key to what good fatherhood programs do. You create this atmosphere where dads feel welcome where they want to stay. They feel loved, you know. They're getting support from the staff in the program who are good role models for them. As you do that you then start walking dads through in group activities in one on one conversations using some of those kinds of screening questions even that Ted was mentioning but guys get to be guided through this process of self-reflection.

We get to sort of think about who we are, where we've come from, what the impact of that is on our parenting, on our co-parenting with the mother of our children and as you encourage fathers to think about this then you start getting to those aha moments. And in terms of substance abuse it's what is the impact of this on my ability to parent. What is the impact of this on my relationship with the mother of the children, with my employers, my potential employers and with my kids?

And as guys start then getting to a point it doesn't matter if you've got an abuse problem or if you're just using, you know. It's just thinking about well how does this relate to me being a parent and then that's when you can really start providing those resources and skills.

And obviously as Ted was indicating it's obviously - it's very tricky. We've got to be real about the world that we all live in. You know, it's a culture that almost pushes alcohol as a rite of passage. Many people drink a lot and inhale a lot during their 20's and we know the, you know, the last two presidents have admitted to doing that. I certainly admit to doing that but as we get older we learn to moderate and stop that behavior. But I think it's particularly hard for people who become parents in their late teens and early 20's.

Particularly if you're a young dad who's not in the home with the kids, you're still exposed to the peer culture, the peer pressure and those are the guys I think we can particularly help in these programs as they start thinking about this to think about well whether or not I'm in the home, how am I going to co-parent my children with the mother and what is a responsible father.

If we can just go to that last slide map and I'll just sort of leave this up there as a thought and actually sort of ask Andrew and Ted and also Dan who I know is on the line and wants to start who probably has some comments. So, you know, when we have these conversations with fathers - young fathers in particular - what do we mean by responsible fatherhood? This is a definition that we have in our online Fatherhood Toolkit.

It doesn't directly address substance use but it's certainly a part of all of this. So as we walk down this journey with the dads, what does responsible fatherhood mean in terms of substance use? I'll turn it over to everybody else now.

Patrick Patterson: Thanks Nigel. You want to take a crack at that Ted?

Ted Strader: Lay it out for me Patrick.

Patrick Patterson: Okay. One of the questions that Nigel just asked was what does it look like for young dads. Do you want to repeat the question Nigel?

Nigel Vann: I was just really asking Ted if you're having a conversation with a young dad and you're getting to that point where he's thinking about his substance use, how would you guide him to talk about or think about as a responsible father what his substance use should look like.

Ted Strader: Well Nigel great question. I'm sorry. I was typing answers and stuff. I'm overwhelmed at times with webinars but the bottom line is this? I don't tell anybody what they should do. I design the curriculum that invites people to examine in a very systematic way brief little conversations that edge into this slowly and quite masterfully

gently but with honesty that leads them to ask me questions to be honest with you. And they ask the group of other men - I saw this, I did this, my dad did this, I had this, I didn't have that.

Wow but from what you're saying and what this curriculum's saying, I'm wondering if I got a problem. They ask that and then someone in the group goes well geez, it sounds like it. Sounds like you missed work. Sounds like you lost a job because you were high. Sounds like you got arrested. Sounds like you went to prison because you were selling drugs. Sounds like a problem to me.

Yes, but I'm no addict. Well maybe you're not but you're just coming out of prison and you're still using. Really? Really brother? You know, and I don't have to say it. I create a conversation in the curriculum where the men - I manage and facilitate a conversation where men act like men and they call each other on their stuff like men do just like we do in sports. So all I can say is it's not what we tell people they should do. It's what we help them discover about themselves that heals them.

So we help them do that and then we hook them up with resources that match their personalities, their culture, their needs. So it's not a pat quick answer Nigel and I know you know it but it took me 30 years to write a 12 hour curriculum to do it. So we do it. Others do it. We like the way we do it and it focuses on what would any son want from his daddy and that's a cool question. So we do it kind of like that.

Patrick Patterson: Excellent. Excellent, excellent. Another one of the questions - I'm going to go through the speed round of these questions just to get as many as we can. Andrew you mentioned a couple of different times the point of not pushing too hard and I think I heard you say a two tip. Can you say more about the balance you're trying to strike when you say not pushing too hard in your early engagement with these guys Andrew?

Andrew Gaddy: Okay Patrick. Well I think it would be summed up as motivation interviewing - meeting with (Clyde) or participant where they're at - similar to what Ted just discussed, not telling them what to do but allowing them to recognize what they need to do to be responsible fathers meaning that during that screening assessment process you identify and you ask them to repeat issues that you see that may be an issue.

Well we would say that you're looking to get employment, correct. So maybe you ask some questions about what's going on in their life that would hint at their search for employment. You get them to identify. You don't say well I think you need to go to school or you need to stop using drugs. You don't do that. You get them to identify what they need.

Patrick Patterson: I see.

Andrew Gaddy: And that's what I mean by not pushing because if you push, you know, the population that Haymarket deals with - they're pretty much the average client, potentially would be homeless, lost everything in life, had no contact with their family. So now if we come on too strong, it pushes them back out the door and that's not what we want to do. We want to meet them where they're at.

Patrick Patterson: Excellent, excellent.

Ted Strader: Patrick let me jump in with Andrew. We're peas in a pod. But not all my clients are homeless and drug addicted. My clients come from all walks of life, you know. In my prison program I got - they're all coming out of prison with drug treatment and so I nuanced that program a little differently than I do the men coming out of their job trying to do prevention with their kids in the middle school. But, you know, the bottom line is people are people and you take each person - as Andrew said - where they are, put them in an organized program that has a scope and a sequence.

My scope is I want to talk about all these things. I want us to be able to talk about all these things. The sequence is nonthreatening at first and increasingly more intimate, increasingly more self-revealing as people do in all relationships. So, you know, I want to bring female culture into this too, you know, I said as all men do and as women do. As mature adults people reflect, review and refine their views for a lifetime. Healthy people are growing.

So just because somebody's chemically dependent doesn't mean they're not healthy in other ways. It doesn't mean they're not worthy. It doesn't mean they're totally imperfect as human beings. It means they're experiencing a health issue. For us it's a health issue.

So when you get rid of the moral judgment and get rid of the fear on the part of your staff - our staff - I have to train my staff not to be so scared of alcoholism and addiction, not to be afraid of people who are different in that way from them. I've got to train my staff to see the humanity and the beauty and grace of all of our clients. So we treat people well around here. Patrick you've seen it, you felt it, you joined us in treating people that way when you visited. That's what worked.

Patrick Patterson: Excellent. That's a good point. We've got a question from (David Corp) that was submitted online. It says here in terms of programs working, what kind of outcome measures are we talking about when we say working? Do you want to try that Ted?

Ted Strader: You know I do. I started out in prevention a long time ago and we all had good hearts kind of like the fatherhood feeling. We all have compassion. We all care. We all want to get results but there's a real difference between wanting to get results and getting results. I can't talk about everyone else's results but I can certainly talk about ours.

We targeted the nine relationship skills that you see published in every article that's published about marriage programs and fatherhood programs - the relationship skills - increased communication, decreased conflict, increased commitment to the relationship. I don't want to list all nine. I can't remember them all and I'll embarrass myself but the nine relationship skills.

We targeted reduced drug use and we targeted reduced recidivism in the prison. You can't argue about whether or not a guy went to prison or not. People argue about results all the time so being in the field - I wanted to take the acid test. The acid test was if my programming worked and I'm working with guys that I know are chemically dependent, they've been through prison because of alcohol and drug issues, they've agreed to take the substance abuse program in prison which by the way might not mean that they're chemically dependent. It could mean just easier time to get out.

If anybody knows what I'm talking about, give me an amen.

Male: Amen.

Ted Strader: But the bottom line is I've targeted men who have been to prison and who had experienced alcohol and drug arrest or problems. So they could have been dealing or they could have been chemically dependent or both. And then I said let's see if I can reduce their rate of going back to prison than the general population. So I picked 900 men that would agree to take a program. This is over five years. This is with OFA funding folks. This is the same grants you all had last round.

And so lots of men signed up for the program. The computer picked which ones got it and didn't because it needed to be a fair assessment. And of the 600 that got our program, this is actually two studies mixed. Of the six because we were also funded by SAMHSA to do another one because they were excited about our work. And you can - this is

all published in an article in criminal justice policy review 2012. Send me an email. I'll send you a copy. It's available online.

So about 600 men took our program and we compared it to 300 men who did not. The 300 men who did not take our program went back at a 38% rate. 38% of them within a year were back in - within one year were back in prison. 12% of our 600 were back in prison after a year. Think about the difference. That's a 60% reduction in recidivism. So that's how I got published.

So that's real hard data but the nine relationship skills - we showed statistically significant differences in all nine relationship skills that were address. Why? You get a guy clean and you help him stay clean and his relationships prosper because he's cogent. He's available. He's present. He now has a job.

When this kind of - when you move from addiction to health, those results are powerful and that's why I went for it because I - Patrick I said to OFA when I came over - (Geneva Rice) - the first time I met her I said I'm coming from another field but we should be in the same field together. I don't like these government silos. We're all in the same business so I really believe we're in the same business. It's about people and it's about addressing issues that we face as humans together - all of us.

And there are minor differences between us - yes race, gender, age, money, economic opportunity - but the bottom line is this is hitting all of us in America. America is the most unhealthy culture on the planet when it comes to alcohol and drugs. We consume enormous quantities with enormous frequency and we have lots of addiction.

And follow the chart of the history of decline of the American family to when pharmaceuticals hit the scene. Somebody chart that with me. I'm a weirdo. I read the history a little different. I read the research a little different. I'm trying to do the research but I think we're onto something powerful today and I hope others will join me and have the courage to face it together because once you face it, it's just not so scary.

Who doesn't want a disease that I can guarantee you 100% recovery? I can guarantee if you follow my advice you'll get well. You want cancer or you want addiction? Give me addiction because I'll follow - I'll follow the treatment plan. So that's what it's about.

Patrick Patterson: Well this is a question that we've got different versions of it but I'm going to read (Vito Randozo)'s version of the question and I'm going to read it verbatim. How do you think - I'm going to ask Dr. Lustig to weigh in on this too. How do you think in light of recent news that states are now legalizing substances such as marijuana will affect fatherhood programs with respect to how we help dads make progress? Let me just repeat that. how do you think in light of recent news that states are now legalizing substances such as marijuana, how will that affect fatherhood programs in respect to how we help dads make progress. Dr. Lustig? Andrew?

Dr. Dan Lustig: The first thing I'll jump in and say is that historically when you begin looking at the legalizing of marijuana across the country the biggest impact to our families is going to be as drug perception and harm falls in the country you see usage increase. And that's exactly what you see with marijuana is that when parents and fathers begin and children perceive that it's not a harmful drug - it's not a big deal - usage increases.

So it's not just an impact to our fathers but it's also an impact to our children and that's going to be the biggest challenge that we have. What Ted spoke about earlier which is education and the importance of looking at harm - that's the message that we have to get out to fathers that talking about drugs and alcohol is not as dangerous when you impact those fathers with appropriate education.



But the danger that we're going to be facing in the country is this perception that marijuana's not a big deal and you can see this through all of the NIDA research and you can see this through the SAMHSA research that that just really isn't true and that we see marijuana as a crossover drug to a lot of different other drugs.

This isn't a philosophical debate. It's just a debate of reality that research has proven this to be true. And so as you begin to work with fathers, we have to strengthen their knowledge about perception around drugs being harmful because as we did research in Illinois specifically in Chicago many of the children saw their parents using marijuana and thought it wasn't a big deal and so they thought it was okay to use. That's the issue with the legalization I find with marijuana.

Ted Strader: I'd like to jump in if I can.

Patrick Patterson: Let me try another question Ted. I want to try and get a couple more questions in before we wrap up.

Ted Strader: You bet.

Patrick Patterson: Another question - which provides the greatest change with folks who are trying to address substance abuse - individual or the group peer support? In your experience which provides the greatest change - individual or group peer support? Ted you want to try that?

Ted Strader: I'd like to shoot at it. I just don't understand fully - do you mean in a treatment setting or a prevention setting? So do you mean does individual treatment help people who are chemically dependent do better or does individual treatment? I think lots of studies indicate the group processes have a broader appeal and a greater affect but it's a little different for different subpopulations.

So if the question was about treatment - now if you're talking about prevention it's all about group perception, peer perceptions. Let me just tie this back to the last question.

Patrick Patterson: Okay.

Ted Strader: What Dan said was exactly true but there's another element and it's different for different populations. This whole legalization thing - it's real different for average white America and average African American Americans. President Obama is on it. He doesn't - I'd like him to have more sophisticated language but he's on it. You know, marijuana is a waste of time is one of the things he says for his kids and he also knows that it's really stupid for us to be putting anyone in jail for a drug offense. Wrong tool for the wrong problem.

This is a health issue, not a criminal justice issue and African Americans have been inappropriately and over incarcerated and criminalized for a health issue that's terribly painful in the African American community. It's robbing the community of smart and capable strong men over criminalizing alcohol, tobacco and other drug uses and I guess I should say just illegal drug uses has been a terrible problem in people with minority status in this country. So we're on that. We're getting that.

Now we're throwing all out of prisons and out of jails, which is good but we better get on good treatment and good support programs. So how does - how does - how does Colorado and California changing rules? Well those are going to be nice little experimental studies and I think you'll see over time that most people are going to still keep their current relationship but people who live in communities where there's already overrepresentation will get inundated with greater use.

So the poor, the disenfranchised will be more hurt and the healthy will stay about the same and I just hope that we get the balance between them - let's decriminalize it but let's make treatment available and let's quit judging and beating people up for this disease and let's nurture them through health and bring them back into the population whole and healthy. This disease is 100% treatable. It's 100% preventable and 100% treatable but we need to create a community atmosphere. I'm going to go back to the group issue.

When we all start caring about that - understanding and providing an atmosphere that supports recovery - we'll whip it in a generation.

Patrick Patterson: Wow. We have a number of questions that are still coming in. I want to say to folks who are sending questions in continue doing that. After each webinar we speak back to our experts to respond to those questions and we post them in a document called an FAQ - frequently asked questions document. So once we wrap up we're going to take those questions and have our experts respond to those as well.

So I want to thank our three speakers today - Mr. Andrew Gaddy, Mr. Nigel Vann, and Mr. Ted Strade,r and Dr. Lustig as well for weighing in on a topic that is obviously at the center of our work with fathers and their families.

This next set of slides that we're going to post are going to give us some feedback from you immediately about today's webinar and potentially what we need to do differently in the future if there are areas of improvement. I will say there are four poll questions. If you're still on, I'd ask that you would just complete those. We're going to have two on the screen right now and then what we're going to do is basically go through those questions and allow you to respond to those questions directly.

The first question - I have a better understanding of ways to identify substance abuse problems. I have a better understanding of ways to identify substance abuse problems. I'll give it a few minutes for folks to respond.

The second question is I received good ideas and practical strategies that further acknowledge and commit to dealing with substance abuse problems. I received good ideas and practical strategies to help fathers acknowledge and commit to dealing with substance abuse problems. I'll give folks a few minutes to respond to the question.

Next slide. I have a better understanding of ways to identify substance abuse problems. The last question - I received good information and resources that I can use in my work with fathers and families.

Before we hang up I want to extend thanks and allow our Office of Family Assistance leader Lisa Washington-Thomas just a bow and thank you for her participation and leadership in this area as well. And I want to ask Matt Crews - I mentioned earlier as I gave the Clearinghouse overview about the effort that we're doing entitled Fatherhood Buzz. Many of you are participating or interested. I want to ask Matt if he would just give a plug before we end today's webinar. Matt?

Matt Crews: Great, thank you all. Fatherhood Buzz is our outreach effort we've been doing with barber shops across the United States since 2012. As many of you know one key place where men congregate at is inside of a barber shop and there we talked about all types of things from sports to family issues, social and current events. But what we decided to do with barbershops through Fatherhood Buzz is reach out and talk about different conversations between fathers and healthy families.

So coming up February 22nd we're doing an outreach effort on - we're having a conversation in honor of Valentine's Day about healthy relationships inside of the barbershops. We're looking for you as community partners and people that may know barber shops in the communities that work with us and help us do this outreach effort. So if you could, email us at info@fatherhood.gov or check out our URL www.fatherhood.gov/fatherhood-buzz and register to be a partner with us on February 22nd.



We're hosting a call on Monday. Again if you email us, we'll have call information for you and you can find out a lot more in detail about what we're doing with Fatherhood Buzz. Thank you all for joining us and I'll give it back to you Patrick.

Patrick Patterson: Thank you Matt. As a reminder today's webinar was recorded. In about five to seven days we're going to post the recording and also the frequently asked questions document on our website. I will just remind you if you have questions immediately following you could hit us on Facebook. The address is fatherhood.gov on Twitter at fatherhood.gov or you can inbox email us. The email address is info@fatherhood.gov - info@fatherhood.gov.

Again I want to say thank you to our speakers and I'm going to ask that you guys have a great afternoon and we'll see you and talk to you next time. Thanks so much.

Operator: Ladies and gentlemen, this concludes today's conference. We thank you for your participation.

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