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MCH Innovations Database Practice Summary & Implementation Guidance



Families in Recovery (FIR)

The Families in Recovery program is a community-based intervention that supports families and strengthens parenting skills during recovery from substance use disorder.



Location

Pennsylvania



Topic Area

Family & Youth Engagement;
Health Promotion &
Communication; Mental
Health & Substance Use; Safe
& Connected Communities



Setting

Community



Population Focus

Adolescents & Young Adults;
Children; Families &
Caregivers; Infant; Women &
Maternal



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Section 1: Practice Summary

PRACTICE DESCRIPTION

Recognizing the significant gap in parenting interventions for parents with SUD, the Pennsylvania Family Support Alliance (PFSA) nonprofit developed the FIR program. PFSA was established in Pennsylvania 40 years ago with a child abuse prevention mission, providing education, support, and training programs to make Pennsylvania safe for children. PFSA operates with a statewide governing board with broad-based representation throughout both public and private sectors. Program services are directed and delivered to individual communities, and supporting and educating families- all families - remains a cornerstone of PFSA.

Families in Recovery (FIR) is a community-based, comprehensive experiential and educational program that attends to a variety of challenges and experiences common to parents in recovery. It is designed to enhance recovery by reducing stigma and parenting stress while increasing social connectedness, quality of life (QoL), parent-child relationships, and community support. Informed by individuals in long-term recovery, mutual help philosophy, the Strengthening Families Approach, and Protective Factors Framework (PFF), FIR employs a holistic, strengths, and needs-based approach to support caregivers in recovery. Understanding that child welfare involvement and termination of parental rights are factors that increase the likelihood for relapses, FIR targets modifiable risk and protective factors for individual and family well-being to promote recovery, develop knowledge and skills related to child development and positive parenting styles, enhance peer networks and support, and increase understanding of participants' parenting roles.

The FIR theory of change involves caregivers actively building protective factors, practical knowledge, resources, and skills to better manage challenges associated with parenting children during recovery. Foundational knowledge and skills help caregivers limit risk factors while also building capacity for healthy relationships. Additionally, participating in a peer group and building a network of support helps increase caregivers' awareness, empowerment, and accountability in their own recovery and role as a parent.

CORE COMPONENTS & PRACTICE ACTIVITIES

The purpose of the Families in Recovery program is to promote a strong understanding of the Strengthening Families Protective Factors and increase caregiver knowledge and skills pertaining to child development and positive parenting styles to foster healthy parent-child relationships during active recovery from substance use disorder (SUD). When caregivers actively build protective factors coupled with practical knowledge and skills, they will have a better understanding of how to manage challenges associated with parenting children during recovery from substance use disorder. Foundational knowledge and skills help caregivers to limit risk factors while also building capacity for healthy relationships. Additionally, participating in a peer group and building a network of support will help to increase caregivers' awareness, empowerment, and accountability in their role as a parent in active recovery, ultimately resulting in a reduction of out-of-home child placements. FIR is a trauma-informed care curriculum with an expanded focus beyond parenting skills to include reflection, stress management, coping skills, and social support. Reflection, education, reframing, and role-play activities occur throughout the intervention as parents are guided in discussions about the impact of SUD, family, goals, and challenges as parents in recovery. FIR's content and group sharing approach drives peer support emphasized through direct facilitator encouragement.



Core Components & Practice Activities

Core Component	Activities	Operational Details
Parenting Skills/Education	<p>Understanding parenting styles and influences</p> <p>Understanding child development phases</p>	Assess understanding of parenting skills and the impact of parenting on child development
Reflection	Mindfulness prompts and activities	Use mindfulness prompts to focus on session topics and application for individual circumstances
Stress Management	Self-care and journaling	Learn about stress management skills and understand how and when to apply such skills to individual circumstances related to parenting and recovery
Coping Skills	Mindfulness, journaling, meditation, self-compassion	Practice coping skills to overcome perceived and experienced challenges and document the experience for future reference and reflection
Social Support	<p>Closed group setting</p> <p>Agency services and referrals/linkages to external community resources</p>	<p>Provide a closed group setting for participants for the entirety of the program. This promotes growth in the areas of trust and vulnerability.</p> <p>Offer hosting agency services (when applicable) and provide referrals and linkages to external community resources that are identified with families and/or individual family members.</p>



COMMUNITY WELLNESS

Trauma-Informed Approach

FIR's trauma-informed care is a cornerstone of the program and addresses the direct and indirect effects of systemic challenges, including the trauma experienced by families due to substance use disorders (SUD), unfair treatment, and other societal challenges. The curriculum's emphasis on being welcoming and accepting ensures that families from different racial, ethnic, and linguistic backgrounds feel supported and understood. This helps to remove challenges to accessing care and promotes a sense of safety, respect, and empowerment, especially for those who have faced unfair treatment and preconceived notions.

Stigma and Shame

One of the key challenges faced by individuals in recovery is the stigma associated with substance use and recovery. FIR actively works to reduce this stigma by providing a safe, non-judgmental space where participants can share their experiences and learn coping strategies. The goal is to foster a sense of belonging and support, essential for healing from both addiction and the societal impacts of unfair treatment and preconceived notions.

Empowerment and Self-Efficacy

By focusing on strengths, resilience, and self-care, FIR empowers parents in recovery to regain control of their lives and make positive changes. This empowerment is particularly important in helping participants regain agency. The program encourages individuals to improve their own well-being, with the potential of creating a ripple effect that may also strengthen their families and communities.

Community Building and Social Support

The program emphasizes the development of social connections, which are crucial in counteracting the isolation. By facilitating group settings where participants can connect with others who have similar experiences, FIR helps reduce the social isolation that many people in recovery often face. Building a supportive community within the program helps participants feel connected and less alone, providing them with resources to navigate the challenges they face.

EVIDENCE OF EFFECTIVENESS

FIR is used by organizations across 8 states and is primed for effectiveness testing and further scaling. The evaluation team partnered with PFSA from 2021-23 on an implementation evaluation of FIR. The evaluation explored program strengths and impact across stakeholders across facilitators and participants, identified FIR implementation factors, developed recommendations for quality improvement, and assessed implementation fidelity. 106 Qualitative interviews with 15 facilitators and 13 FIR participants highlighted FIR's focus on reflection, skill-building, and fostering connections; led to increased feelings of connectedness, normalization of experiences; and a reduction in the loneliness and guilt associated with being a parent in recovery. The teams co-created a fidelity assessment tool to evaluate implementation with structured observations using the tool performed at 9 sites which illustrated 88% of sites meeting model fidelity metrics to a moderate or high degree. The observations and surveys across 60 FIR facilitators and administrators illustrated the central role of trauma-informed care throughout FIR. Interviews highlighted how a trauma-informed, strengths-based approach and tailored services based on participant's needs were impactful. Almost all (92%) of facilitators agreed that FIR was effective at increasing participants' peer and/or social support. Participants also repeatedly credited FIR participation with reductions in loneliness and endorsed that FIR was as good or superior to their past parenting program and community recovery group experiences. Overall, FIR's positive reception and wide uptake warrants further investigation on effectiveness in reducing substance use and improving QoL, social support, and parenting practices, particularly among a population with OUD.



PFSA is pursuing a randomized trial to assess the efficacy of the FIR program. A randomized trial is the gold-standard of determining efficacy. Efficacy is the ability to determine cause and effect. A trial will allow us to understand that changes in outcomes are caused by FIR. Randomized trials are not always feasible or necessary for evaluation purposes, but in this context, a trial is a logical and feasible step and the best choice for the goal of understanding the impact of FIR on families served. An efficacy trial is the next step in establishing evidence for FIR and a needed step for sustainable funding and scale of the program with FIR positioned as an “evidence-based program.”

Mixed methods evaluation conducted from 2021-2023 sought to understand perceived impacts of the program across stakeholders, identify factors related to successful implementation of FIR, and to assess program implementation fidelity. The evaluation enrolled 20 FIR sites that were onboarded with PFSA by March 2022.

FIR Sites: Agency Type	Number
Behavioral Health	3
Child Welfare Services	4
Drug and Alcohol Treatment	2
Family Support	11

Program Impact & Key Elements:

The overwhelming response to FIR among facilitators and participants was positive.

Participants appreciate the emphasis on reflection, skill building, and connection with others. Participants reported **increased feelings of connectedness, normalization, and reduction in some of the loneliness** that comes with being a parent in recovery.

“Like that I know how to do. It's the stuff that they touched on in this particular class that nobody else had touched on, that I really was grateful, knowledge, I was grateful to get. ... Like, me time, [...] the reminding myself that I can't take care of him properly unless I'm taking care of myself. And, and yeah. Just focus a lot on me and not a child where most parenting classes are focused on the child. [...] a lot of it had to do with [...] Dealing with myself so that I can be a better mom.”

“It involved more than just me. Families in Recovery was better than other recovery programming I have participated in] because in everyday life, it's not just me, you know, I have a family and I do have to interact with them, and I know that, that working on me is great, but ultimately the reality is working on me and then being able to work within my family.”

“It definitely makes the group setting just makes you feel not so singled out and not so alone. Like, I, this is in a very lonely process for me.”

“When I saw the material that was being presented and kinda looked through the book more, and the ability to open up and share with a group of women that were also in recovery, it allowed me a feeling of unity and a safe space to connect with other parents in recovery, you know, that we normally would not talk about with people that are not in recovery and don't understand our emotional challenges.”



Facilitators similarly appreciate the thoughtful and unique combination of material in the curriculum. Many sites do not have programming specific to individuals and families affected by substance use, so FIR is viewed as a value-add and **fills gaps** in the services they are able to provide. The theoretical foundation for the curriculum is rooted in the Strengthening Families Protective Factors. **Facilitators consistently reported that social connections and knowledge of parenting and child development were the highest priority elements of FIR.**

“I think it’s great, honestly. I really like everything that it talks about, and I love the fact that it is geared towards parenting, and it has all these little aspects that are kind of interwoven through it, but it’s not like in-your-face recovery.”

“I love it. It’s my favorite curriculum that I facilitate. I think they’re all good, but I just love this. And I’ve seen this to be the most impactful of all the curriculums really on the families that, especially the moms that we serve.”

Trauma-informed care is a key principle of FIR and there is a high level of knowledge about trauma, attitudes affirming principles of trauma-informed care, and **consistent fidelity to implementation of trauma informed practices among FIR facilitators**. Related and important, 18 of the 20 agencies felt their facilitators reflected the racial, ethnic, and/or linguistic identities of their participants.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

Building Partnerships with Stakeholders:

PFSA built partnerships with stakeholders through open communication and collaboration. SUD & Family Support Professionals were engaged through PFSA’s Community-Based Child Abuse Prevention (CBCAP) Network and existing Families in Recovery program sites with requests for their insights shaped program delivery. Community-based agencies/sites were provided with consistent updates and annual meetings to enhance their involvement. Additionally, PFSA partnered with Children Hospital of Philadelphia’s (CHOP) Policy Lab, leveraging their expertise for independent evaluation and program improvement.

Sustaining Engagement with Stakeholders Throughout Implementation:

Engagement was maintained through structured, ongoing communication. Facilitators had quarterly and as-needed one-on-one meetings to ensure continuous feedback. Hosting agencies/sites participated in annual refresher meetings and contributed quarterly program data. CHOP’s Policy Lab remained actively involved through regular meetings to discuss evaluation findings and recommendations, ensuring continuous program enhancement.



Practice Collaborators and Partners

Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder come from a community impacted by the practice?
SUD & Family Support Professionals	Professionals/facilitators that deliver the program locally are provided with opportunities to share their feedback and experience about the program with PFSA regularly.	Facilitators of the program meet with PFSA once per quarter and are also afforded one-on-one meeting opportunities as needed.	In many cases, yes, they come from the SUD community. However, this is not a requirement to facilitate the program.
Community-based agencies/sites	Hosting agencies/sites are provided with regular updates regarding the program and are also invited to meet annually.	Annual refresher meetings are held to provide all hosting agencies/sites with updates to the program and are invited to share individual feedback, suggestions, and questions. These sites also provide programmatic data on a quarterly basis.	In most cases the hosting agencies/sites have someone with experience with SUD managing the implementation of the program. However, this is not a program requirement.
Children's Hospital of Philadelphia (CHOP) Policy Lab	CHOP's Policy Lab team serves as independent evaluators of the Families in Recovery program, providing evaluation services and program improvement guidance.	PFSA meets with the evaluators regularly to discuss program and evaluation updates, data collection efforts, process improvement suggestions, and evaluation recommendations.	This collaborator works closely with professionals and communities of the key target population of the program.



REPLICATION

The Families in Recovery program has been successfully adapted to various settings populations, ensuring accessibility and effectiveness across different communities. The program has been implemented in different community-based agencies, healthcare settings, and recovery support organizations to meet the needs of families affected by substance use disorder (SUD). Facilitators with experience with SUD and professionals from the SUD community have been instrumental in adapting the program to resonate with participants. Additionally, independent evaluation by CHOP's Policy Lab has supported program refinements for different settings.

Modifications

Flexible Delivery Methods: To improve accessibility, adaptations included virtual cohort models, hybrid models, and flexibility in session length (minimum 1.5 hours, up to 2 hours per session).

Enhanced Training for Facilitators: Additional training was provided to facilitators to equip them with the skills needed for program implementation, recruitment, and various community dynamics.

Lessons Learned from Replication Efforts

Community Involvement is Key: Engaging local facilitators and agencies with experience with SUD enhances program relatability and effectiveness.

Ongoing Feedback Strengthens Impact: Regular communication with facilitators and partner organizations helps refine the program to better serve families.

Evaluation Drives Improvement: Independent assessments from CHOP's Policy Lab provide valuable insights for continued enhancement and adaptation.

INTERNAL CAPACITY

Successful implementation of Families in Recovery required a combination of administrative, programmatic, and direct-service personnel.

Families in Recovery Program Site Roles

Facilitators: Varies by site, at least 1-2 per site

- **Role:** Directly deliver program content to families by hosting cohort sessions.
- **Skills:** Background in substance use disorder (SUD) recovery, family support, facilitation, and trauma-informed care. Many facilitators have personal experience in recovery but are not required to.
- **Time Allocation:** Full-time, part-time, or contracted; flexible based on program site and implementation plan.



Community-Based Agency/Program Site Coordinators or Primary Contact: 1 per site

- **Role:** Manage logistics for program delivery within their organization and lead data collection/reporting efforts. Primary contact with PFSA. Sometimes this role is also a facilitator, but not always.
- **Skills:** Organizational skills, community engagement, data collection, and program administration.
- **Time Allocation:** Full-time or part-time, with additional time allocated for quarterly reporting and annual meetings.

Supports That Helped Develop Personnel Capacity

- **Leadership & Oversight:** PFSA provided structured oversight, ensuring facilitators and site coordinators had clear guidelines and support.
- **Training & Competency Development:** Facilitators received initial training and ongoing support from PFSA and are connected to a network of other program facilitators.
- **Regular Feedback & Communication:** Quarterly meetings and one-on-one coaching sessions ensured facilitators and coordinators had ongoing support.

Recommended Internal Capacities

- **Promotion and Recruitment:** This really varies from site to site. However, a person/role dedicated to program promotion and recruitment of participants is very helpful since recruitment can often be a challenge for sites and facilitators.
- **Dedicated Data Collection:** A dedicated role for monitoring program impact could streamline data collection and reporting.
- **Support Staff:** A staff member to provide program support between sessions and alleviate some of the administrative tasks from Facilitators (when possible) - i.e. scheduling, enrollment, reminder phone calls or texts, gather session supplies, monitoring of participant completion status, etc.

PRACTICE TIMELINE

The time needed for a Families in Recovery program site to get up and running depends on several factors and can vary based on community's plan and pace. Factors that determine implementation timeline may include the size of the site, the resources available, and the complexity of the implementation plan. However, in general, a program site can be launched within a few months following the training of new facilitators (offered quarterly).

Implementation and training resources have been created to support local communities in preparing for implementation on their own timeline, but within a year of training. Planning Below is a general timeline for launching the program.



Phase: Planning/Pre-Implementation

Activity Description	Time Needed	Responsible Party
Meet with PFSA to address program goals, requirements, questions, etc.	45-60 minutes	Program site organizational leadership/program manager & PFSA Prevention Services Manager
Review and complete organizational readiness application and contract.	1 hour	Program site organizational leadership/program manager
Attend two-day Families in Recovery New Facilitator Training (offered virtually on a quarterly schedule)	Two days (12 hours of training per facilitator)	Program site staff becoming Families in Recovery Facilitators

Phase: Implementation

Activity Description	Time Needed	Responsible Party
Collaborate with internal team and community partners to establish recruitment avenues, marketing plans, service connections, aftercare opportunities, etc.	TBD by site	Program site team
Finalize internal implementation plan, including recruitment strategy	TBD by site	Program site team
Schedule program cohort sessions and actively recruit participants	N/A	Program site team



Complete cohort session and data collection/reporting requirements	1 hour per quarterly	Program site team
Meet with PFSA team for technical assistance and onboarding support, as needed	1 hour as needed	Program site team & PFSA Prevention Services Manager

Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Attend quarterly support sessions/request support as needed	1 hour quarterly/as needed	Program site team/individual facilitators
Attend annual refresher meeting hosted by PFSA	1-2 hours annually	Program site team & PFSA Prevention Services Manager
Increase number of trained facilitators as program grows	Two days (12 hours of training per facilitator)	Program site team & PFSA Prevention Services Manager

PRACTICE COST

Costs of implementation vary from site to site and largely depend on local resource availability and funding/in-kind donations. For more information on this practice startup costs and budgets, please contact Justin Donofrio directly at Jdonofrio@pafsa.org.

LESSONS LEARNED

Supportive Group Settings: The group dynamics of the FIR program, where participants connect with others who understand their struggles, have been highly valued. Many participants reported that these connections helped reduce feelings of isolation and provided an important sense of community. This collective learning and sharing opportunities are beneficial for fostering long-term recovery and a healthier family dynamic.



Adaptability: The program's flexible, seven-session format with space for adaptation to client needs and different contexts (e.g., inpatient and outpatient settings) has allowed it to be successful in a range of settings and for different populations. It is also designed to be applicable to different families, which makes it accessible to a wider audience.

Value for Facilitators: Many facilitators report that FIR is one of the most impactful programs they have delivered. The curriculum's focus on practical skills, parenting education, and self-reflection is well-received and fills an important gap in services for families affected by SUD.

Recruitment Challenges: One of the areas for improvement is recruitment. To ensure more families can benefit from the program, it is essential to have a clear, written recruitment plan that includes regular outreach, which can help overcome challenges related to engaging families who need these services the most.

Need for Ongoing Social Support: While FIR provides immediate support, there is a need to strengthen the long-term support for families after they complete the program. Developing formal aftercare plans and supplemental programming that encourages sustained social connections is crucial. This could include extracurricular activities or community-based resources that extend beyond the program.

One of the significant challenges identified was recruiting families to participate in the program. To overcome this, PFSA recognized the need for a more structured recruitment strategy. As a result, PFSA encouraged facilitators to develop a written recruitment plan during the onboarding process for new sites. This proactive approach aimed to ensure consistent and effective outreach to the families who would benefit most from the program. However, recruitment continues to remain a challenge for most program sites.

Additionally, ensuring that the program was being implemented consistently and with fidelity across different sites was another challenge. To address this, PFSA planned to implement a schedule of regular technical assistance calls and on-site fidelity observations during the first year of implementation. This hands-on support was designed to ensure that facilitators were consistently adhering to the program's core principles, including its trauma-informed and family-centered approach.

NEXT STEPS

PFSA does intend to expand the number of program sites (within and beyond Pennsylvania) as well as the number of trained facilitators. Expansion in these ways would permit broader data collection and evaluation efforts.

Additionally, PFSA intends to ensure the FIR program stays responsive to the needs of its participants through ongoing evaluation to assess outcomes and identify areas for improvement. This will include continued incorporation of participant feedback, as well as adapting the curriculum and delivery methods (as needed) to accommodate evolving needs in recovery support and parenting.

Finally, PFSA continues to search for opportunities to further reduce stigma and engage a wider audience, by implementing targeted outreach campaigns that raise awareness of the FIR program in communities affected by substance use disorders. This may involve educational materials on substance use disorders, storytelling/documentaries, and resources to inform potential participants about the program's benefits.

PFSA is working to increase integration with other support systems, when possible. For example, expanding FIR's integration with other community-based services, such as mental health counseling, job training, or housing support, could further bolster the program's ability to address the different needs of parents in recovery. This approach would ensure that participants have access to a full spectrum of support services. However, this



approach is limited by what program sites might already offer and/or what services exist within a given community.

Additionally, PFSA plans to enhance virtual program implementation in the future by developing and offering virtual workshops for additional professional support. With this approach FIR could be implemented to reach a broader audience across communities, including those who may have difficulty accessing in-person services due to geographical or logistical challenges. While the program does offer a virtual delivery option, PFSA has not yet developed specific training and ongoing support for professionals intending to deliver virtually.

RESOURCES PROVIDED

- [Families in Recovery Highlights](#)
- [Families in Recovery New Facilitator Training Program Overview](#)
- [Families in Recovery Theory of Change](#)

APPENDIX

- [Families in Recovery Logic Model](#)
- [Pathway to Improved Outcomes for Children and Families](#)

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