

Strong African American Families Program

SUPER: Substance Use Prevention Evidence-Based Resource, UCLA ISAP

Developer website: <https://cfr.uga.edu/saaf-programs/saaf/>

Practice record last updated August 29, 2025

Cost	Prevention Category	Practice Focus	Practice Focus
Over \$500	Universal Direct, Selective, Indicated	SU	MH

Practice Summary

The Strong African American Families (SAAF) program is a culturally tailored, strengths-based intervention for African American youth aged 10-14 and their families. It focuses on enhancing family interactions, parenting practices, and youth resilience to risky behaviors (e.g., substance use and sexual activity). Delivered in seven weekly sessions, youth and caregivers meet separately before joining together for family discussions. The main goals of the program are to foster communication and build behavioral health knowledge and skills.

Practice Details

Substance Use Prevention Category	• Universal Direct • Selective • Indicated
Practice Level	• Individual • Relationship
Substance Use Prevention Strategy	• Education
Practice Components	Individual • Connection to More Services • Cultural/Religious Focus • Self-Efficacy or Self-Esteem Enhancement • Skills Training Relationship • Parenting Education/Skills • Peer Norm Development Community/Society • None
Population Age	• Age 6-12 • Age 13-17
Populations of Focus	• Black or African American • Rural
Settings	• School (K-12) • Community-based program
Parent/Caregiver Involvement	• Required
Recommended Staffing	• Community members • Teachers or educators

Prevention Focus	Substance Use Prevention Focus • Alcohol • Cannabis • Prescription Drugs • Substance Use - General • Tobacco Mental Health Wellness and Promotion Focus • Mental Health - General
Training and Technical Assistance	The developer offers three full-day trainings (total of 24 hours) for between three and twenty people, and training is required to become a certified facilitator. With trainings, the developer also offers program DVDs and access to the program's video streaming site, resource materials, access to an implementation support platform, and ongoing technical assistance, which is provided via remote coaching, teleconference or video conference. In addition, fidelity visits can be provided for additional cost.
Program Costs	Over \$500. Please visit the developer's website listed above for updated information about implementation costs.
Adaptations	SAAF started as an adaptation of the original Strengthening Families Program, and over the years has evolved into a full program of its own hosted by the Center for Family Research at the University of Georgia. A version of the program for youth ages 14-16 is also available.

Risk and Protective Factors

Youth Substance Use Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	• Conduct Disorder • Early and persistent antisocial behavior • Early initiation of substance use • Favorable attitudes towards substance use • Poor coping skills and behaviors	• Ability to adapt to change and the belief in one's ability to control what happens • Positive social orientation (e.g. engaging in healthy activities, accepting rules and community values, positive social engagement) • Positive temperament • High self-esteem • Personal engagement in two or more of the following: school, peers, athletics, employment, religion/spirituality, culture • Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values)
Family and Relationships	• History of family substance misuse • Poor attachment with caregivers • Family conflict • Family experiences of poverty • Family management problems • Substance use among caregivers	• Attachment between caregivers and youth, including unity, warmth, and attachment • Communication and contact between caregivers and youth • Clear expectations for behaviors and values • Family environment with structure, rules, predictability, and parental supervision • Supportive relationships with family

Level	Risk Factors	Protective Factors
School, Peer, and Community	• Accessibility or availability of substances • Lack of plans or ambitions for the future • Norms favorable towards substance use • Substance use among peers	• Community norms, beliefs, and standards against substance use • Schools and student bodies with strong academic commitment • Opportunities for prosocial engagement in the school and community • Positive social norms

Youth Mental Health Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	• Conflicting thoughts around religious/spiritual beliefs • Low self-esteem • Poor social skills (e.g., communication, problem-solving skills) • Poor coping skills and behaviors	• Achievement motivation • Positive self-regard • Strong orientation for the future • Subjective sense of self-sufficiency • High self-esteem • Personal engagement in two or more of the following: school, peers, athletics, employment, religion/spirituality, culture • Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values)
Family and Relationships	• Caregiver experiences of anxiety and/or depression • Family history of mental health problems • Family conflict • Family experiences of poverty • Family management problems • Substance use among caregivers	• Attachment between caregivers and youth, including unity, warmth, and attachment • Communication and contact between caregivers and youth • Clear expectations for behaviors and values • Family environment with structure, rules, predictability, and parental supervision • Supportive relationships with family
School, Peer, and Community	• Community-level poverty • Community-level stressful/traumatic events or violence • Experiences of discrimination • Norms favorable towards substance use • Substance use among peers	• Opportunities for prosocial engagement in the school and community • Positive social norms

Shared Substance Use and Mental Health Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	• Poor coping skills and behaviors	• High self-esteem • Personal engagement in two or more of the following: school, peers, athletics, employment, religion/spirituality, culture • Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values)

Level	Risk Factors	Protective Factors
Family and Relationships	• Family conflict • Family experiences of poverty • Family management problems • Substance use among caregivers	• Attachment between caregivers and youth, including unity, warmth, and attachment • Communication and contact between caregivers and youth • Clear expectations for behaviors and values • Family environment with structure, rules, predictability, and parental supervision • Supportive relationships with family
School, Peer, and Community	• Norms favorable towards substance use • Substance use among peers	• Opportunities for prosocial engagement in the school and community • Positive social norms

Empirical Evidence of Impact

Prevention Focus	Outcome	Population Age	Evidence Strength and Study Populations of Focus
Alcohol	Reduced Use or Delayed Initiation	6th grade	Strong (Rural, Black/African American) [References 1,3]
Cannabis	Reduced Use or Delayed Initiation	6th grade	Moderate (Rural, Black/African American) [References 4]
Opioids	Reduced Use or Delayed Initiation	Middle School	Moderate (Rural, Black/African American) [References 2,4-5]
Prescription Drugs (General)	Reduced Use or Delayed Initiation	Middle School	Moderate (Rural, Black/African American) [References 5]
Substance Use (General)	Reduced Use or Delayed Initiation	6th grade	Moderate (Rural, Black/African American) [References 6]
Behavioral or Conduct Disorder	Symptom Prevention or Improvement	7th grade	Moderate (Rural, Black/African American) [References 7]
Mental Health (General)	Improved Relationships and Community Connectedness	Middle School	Moderate (Rural, Black/African American) [References 5]
Mental Health (General)	Behavior, Attitudes, and Functioning	6th grade	Moderate (Rural, Black/African American) [References 6]

References

- [1] Spoth, R., Trudeau, L., Gyll, M., Shin, C., & Redmond, C. (2009). Universal intervention effects on substance use among young adults mediated by delayed adolescent substance initiation. *Journal of Consulting and Clinical Psychology*, 77(4), 620–632. <https://doi.org/10.1037/a0016029>
- [2] Spoth, R., Trudeau, L., Shin, C., & Redmond, C. (2008). Long-term effects of universal preventive interventions on prescription drug misuse. *Addiction*, 103(7), 1160–1168. <https://doi.org/10.1111/j.1360-0443.2008.02160.x>
- [3] Spoth, R., Redmond, C., & Lepper, H. (1999). Alcohol initiation outcomes of universal family-focused preventive interventions: One- and two-year follow-ups of a controlled study. *Journal of Studies on Alcohol, Supplement*, 13, 103–111. <https://doi.org/10.15288/jsas.1999.s13.103>
- [4] Spoth, R., Trudeau, L., Shin, C., Ralston, E., Redmond, C., Greenberg, M., & Feinberg, M. (2013). Longitudinal effects of universal preventive intervention on prescription drug misuse: Three randomized controlled trials with late adolescents and young adults. *American Journal of Public Health*, 103(4), 665–672. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3673263/>
- [5] Spoth, R., Trudeau, L., Shin, C., Randall, G. K., & Mason, W. A. (2019). Testing a model of universal prevention effects on adolescent relationships and marijuana use as pathways to young adult outcomes. *Journal of Youth and Adolescence*, 48(3), 444–458. <https://doi.org/10.1007/s10964-018-0946-y>
- [6] Trudeau, L., Spoth, R., Randall, G. K., & Azevedo, K. (2007). Longitudinal effects of a universal family-focused intervention on growth patterns of adolescent internalizing symptoms and polysubstance use: Gender comparisons. *Journal of Youth and Adolescence*, 36(6), 725–740. <https://doi.org/10.1007/s10964-007-9179-1>

What California Providers Are Saying

What They Like About SAAF:

- Videos portraying "good, bad, and ugly" versions of Black parenting are one of the curriculum's most powerful elements.
- Directly addresses racism and the impact of stress on parenting — topics rarely surfaced this clearly in other programs.
- Allows youth to articulate their goals, values, and identity.
- Families voluntarily return for optional booster sessions, signaling strong perceived value.
- Educational surveys suggest positive outcomes.
- Provides space to integrate culturally specific frameworks like Dr. Joy DeGruy's work.
- Curriculum is adaptable enough to incorporate Parenting for Liberation concepts (post-traumatic slave syndrome, pre-colonial African parenting, parenting style typologies).

Tips and Recommendations for Implementing SAAF:

- Plan for 7 weekly 3-hour sessions; the weekly cadence can be demanding for smaller organizations.
- Consider a retreat-center delivery model — outdoor walks, sound baths, and recreational activities for youth helped overcome the weekly-session bottleneck.
- Offer participation stipends (this organization used \$350 for full attendance) to support family commitment.
- Facilitators are typically consultants certified by Parenting for Liberation.
- Maintain fidelity even while adapting — the team emphasizes both are possible.
- Capacity-building funding (e.g., Elevate 4 Youth) helped this organization adopt the program from the available evidence-based menu.
- Plan content adaptations that thoughtfully integrate culturally specific frameworks alongside the core curriculum.