



STRENGTHENING

families
PROGRAMME

My Strong Family Consultancy

**SFP 10-14 (UK)
Facilitator Training
Information Pack**

OXFORD
BROOKES
UNIVERSITY

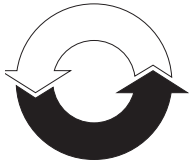
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Research Summaries

1. Alcohol Insight 39 - Implementation of the Strengthening Families Program (SFP) 10-14 in Barnsley: The Perspectives of Facilitators and Families
2. Alcohol Insight 53: Preventing Alcohol and Drug Misuse in Young People: Adaptation and Testing of the Strengthening Families Programme 10-14 (SFP10-14) for use in the United Kingdom



SFP 10-14 Programme

Overview

The Strengthening Families Programme for Parents and Youth 10 to 14 (UK) was developed by the School of Health and Social Care at Oxford Brookes University, Oxford, United Kingdom.

The SFP 10-14 is a universal programme designed to reach the general population and is culturally sensitive to minority ethnic families with young adolescents who live in urban and rural areas. It is appropriate for parents of all educational levels.

The programme includes specific activities designed to:

- Help parents/caregivers learn nurturing skills that support their children
- Teach parents/caregivers how to effectively discipline and guide their youth
- Give youth a healthy future orientation and an increased appreciation of their parents/caregivers
- Teach youth skills for dealing with stress and peer pressure

The SFP 10-14 consists of seven sessions plus four booster sessions. Parents and young people attend separate skill building sessions for the first hour and spend the second hour together in supervised family activities.

The programme is designed for 8-13 families and is typically held in schools, churches, or community centres. At least three facilitators (one for parent sessions and two for young people's sessions) are needed for each session. All of the facilitators offer assistance to families and model appropriate skills during the family sessions.

The impetus for this programme development came following a high quality scientific research study from Iowa in the United States that examined the effectiveness of the Strengthening Families Programme (SFP10-14). This study and the SFP10-14, have been highlighted in an International Cochrane Collaboration systematic evidence review funded by the World Health Organisation (WHO) and the U.K. Alcohol Education and Research Council (AERC). This evidence review was presented at the EU / WHO Ministerial Conference held in Stockholm in 2001 which led to the Stockholm Declaration on "Young People and Alcohol".

The National Institute for Health and Clinical Excellence (NICE) have also highlighted the potential of the SFP10-14 in their reports on alcohol misuse prevention and cancer prevention. In 2006, another Cochrane review pointed to the potential of the SFP10-14 for prevention drug misuse amongst young people.

Session Topics

For Parents and Youth
10-14

Core Sessions	Booster Sessions
Parent	
<ul style="list-style-type: none"> Using Love and limits Making house rules Encouraging good behaviour Using consequences Building bridges Protecting against substance misuse Getting help for special family needs 	<ul style="list-style-type: none"> Handling stress Communicating when you don't agree Reviewing love and limits skills Reviewing how to help with peer pressure
Young People	
<ul style="list-style-type: none"> Having goals and dreams Appreciating parents Dealing with stress Following rules Handling peer pressure I Handling peer pressure II Reaching out to others 	<ul style="list-style-type: none"> Handling conflict Making good friends Getting the message across Practising our skills
Family	
<ul style="list-style-type: none"> Supporting goals and dreams Appreciating family members Using family meetings Understanding family values Building family communication Reaching goals Putting it all together and graduation 	<ul style="list-style-type: none"> Understanding each other Listening to each other Understanding family roles Using family strengths

Source: Molgaard et al 2000



Summary of Background Issues and Programme Evaluation Results

The Strengthening Families Programme:

For Parents and Youth 10-14

Background and Significance

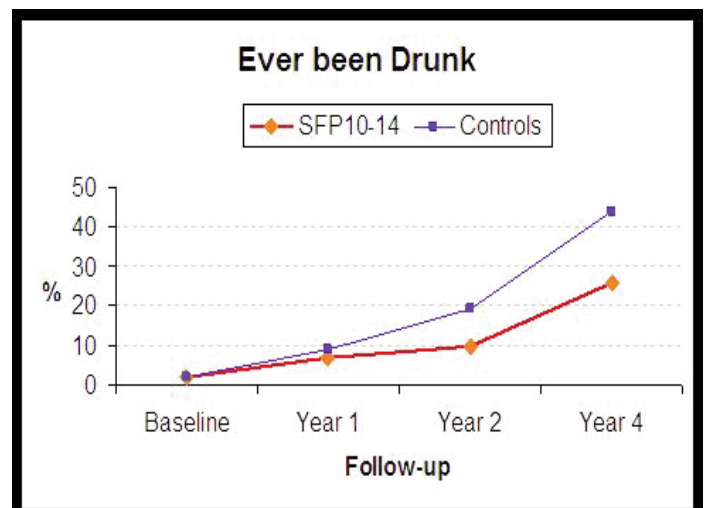
Since the early 90s, alcohol misuse, substance abuse and other behaviour problems have been increasing among youth. To counter these trends, we must strengthen prevention efforts to reduce these problems. We now have over 25 years of research on the factors that promote and prevent youth problem behaviours to help us know how to effectively intervene in the lives of young people before they engage in behaviour that is likely to have serious long-term consequences for them and for our society. The research has helped us identify the important factors that put young people at most risk for problems or, on the positive side, protect them from serious problems. Intervention researchers have studied the effectiveness of various prevention approaches by using rigorous research designs and testing and implementing effective prevention interventions in “real-world” settings.

We also have learned about the highest-risk periods for drug use among youth. For most children, research has shown that the most vulnerable periods are transitions. When youth advance from primary school to secondary school they often face social challenges, such as learning to get along with a wider group of peers. It is at this stage, early adolescence, that children are likely to encounter alcohol and drug use for the first time (National Institute on Drug Abuse, 1997). A report from the Carnegie Council on Adolescent Development (1995) characterizes this period of development as “dangerously” risky in the context of contemporary society. This is especially true when parenting becomes ineffective. Reviews of literature on adolescents indicates that enhancing protective factors and reducing risk in the family environment can be particularly important during early adolescence (e.g., Caplan & Weissberg, 1989). A substantial body of literature supports a strong predictive relationship between ineffective child rearing in early adolescence and delinquent behavior in later adolescence (Dishion, Patterson, Stoolmiller & Skinner, 1991; Loeber & Dishion, 1993). As described below, outcome analyses conducted to date have shown promising results for the Strengthening Families Programme 10-14 in terms of parenting skills, risk factor mitigation, and slowing the growth of youth problem behaviors.

Evaluation Outcomes

Primary child and parent outcome analyses conducted to-date have typically shown an encouraging pattern of positive effects. In particular, child problem behavior outcomes (e.g. alcohol and substance use, conduct problems, school-related problem behaviors, peer resistance, and affiliation with antisocial peers) have generally shown positive programme effects over time. This pattern of results has been apparent in all analyses conducted to-date (mixed model ANCOVAs comparing intervention and control group outcomes, growth curve analyses, and latent transition analyses). Data collected thus far support the hypothesis that the curriculum may have initiated positive changes in the progression of child outcomes over time. These positive changes are indicated by both delayed onset of problem behaviours and relatively more gradual increases in these behaviours over the two years following administration of the program.

As an example of the pattern of child outcomes, *figure 1* below shows that youth in the intervention group are less likely to have ever been drunk up to four-years after the intervention. Data show a similar pattern with several other child outcome measures. For instance, programme youth are significantly less likely to have problems at school (e.g. truancy, cheating), compared to youth in the control group and the difference between the two groups becomes more pronounced over the follow-up years of the study.



Three primary parenting outcomes have been assessed to date. The intervention-targeted parenting behavior measure includes behaviors expected to be directly and immediately impacted by the intervention, such as parental involvement with the child and communicating specific rules about alcohol and drugs. By contrast, the parent-child affective quality and general child management measure provide data on more global, or general, parenting practices. At follow-up, there are significant positive differences between parents who attended the intervention and

the control group in intervention-targeted parenting behaviors. Intervention-targeted parenting behaviors, in turn, show strong effects on the global measures of parents at follow-up. Overall findings suggest that the specific behaviors learned by the parents in the intervention may generalize over time to improve general parenting practices, particularly parents' affective relationship with the child.

The Iowa study, and the SFP10-14, have been highlighted in an International Cochrane Collaboration systematic evidence review funded by the World Health Organisation (WHO) and the U.K. Alcohol Education and Research Council (AERC). This evidence review was presented at the EU / WHO Ministerial Conference held in Stockholm 2001 which led to the Stockholm Declaration on "Young People and Alcohol". The UK National Institute for Health and Clinical Excellence (NICE) have also highlighted the potential of the SFP10-14 in their reports on alcohol misuse prevention and cancer prevention. In 2006, another Cochrane review pointed to the potential of the SFP10-14 for prevention drug misuse amongst young people. Both Cochrane reviews highlighted the importance of other scientific studies to replicate the findings from the Iowa study.

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LEADER

About the Training

Professional training by experienced Strengthening Families Programme trainers is **required** in order to be certified to teach the Strengthening Families Programme 10-14 (SFP 10-14).

Training helps ensure programme fidelity, making it more likely that there will be positive outcomes for young people and parents. Groups of at least three facilitators per programme site must receive training. One facilitator teaches the parent group; two facilitators teach the young person's group and all three facilitators work with families in the family session.

The training will enable facilitators to get a full understanding of each week of the 7 week programme and experience this from facilitator, parent and young person's perspectives. Facilitators learn about the background, evaluation, goals, and content of the programme and to take part in session activities. Training also includes information on practical considerations for implementing the SFP 10-14, such as recruiting families and handling challenging parents and youths during programme sessions. Onsite training by a team of experienced trainers can be scheduled.



Requirements for Facilitators

As previously mentioned three group leaders are needed: one to lead the parent session and two to lead the youth session. The group leaders' roles change from teacher to facilitator during the family sessions and each group leader takes major responsibility for a subset of three to four families, working with the same group each session. Many of the family activities involve individual families working together. The group leader should take turns sitting with each of his/her families, offering help when needed.

The Ideal Group Leader Has:

- Strong presentation and facilitations skills
- Experience working with parents/caregivers and/or youth
- Enthusiasm for family skill-building programmes
- Ability to be flexible with individuals and activities

Basically, group leaders are expected to:

1. Attend a three-day training during which content and methods for the SFP10-14 (UK) are presented and participants are given the opportunity to practice teaching small segments of the programme. Each group leader will have the opportunity to prepare some sample materials which will be used with the programme participants.
2. Prepare for each session, reviewing activities, assembling needed materials, and preparing one to three informal posters or slides. Most individuals will be able to prepare for each session in one to two hours each week. The leader guide lists all materials needed.

Please note that some posters and flip chart pages should be saved for use in another session. These are listed within the session instructions.

3. Copy handouts (written activities and homework) from masters included in the leader guide.
4. Arrange for meals or snacks for each session or, if funds are available, hire a person to arrange for or prepare and serve meals.

5. Teach youth or parent session each week for seven weeks and help facilitate the family sessions in weeks one through seven. If booster sessions are held, they should be taught by the original group leaders. Each group leader should plan to spend at least two and a half hours at the programme site for each of the first six weeks, arriving at least 30 minutes or more ahead of the programme to greet participants and prepare for the session and at least 30 minutes after the end of the programme to answer questions and make sure the room is in order.

Parent group facilitators:

The parent group leader leads short discussions and facilitates parent/caregiver practice activities, using the SFP10-14 (UK) DVDs which contains all of the content and vignettes portraying the ideas. Each DVD presents specific content with timed breaks for discussion and activities.

A leader guide includes a teaching outline as well as a script for the DVDs and detailed instructions for all activities.

Youth group facilitators:

The two youth group leaders present concepts to youth and lead discussions and activities. Each session includes active games and learning activities designed to teach concepts in a game-like format. In sessions five and six, a skill-based peer pressure model is presented to the youth and demonstrated on DVD by role plays. Following each segment of the DVD, youth practice the skills, with group leaders facilitating. The leader guide includes detailed instructions for all teaching segments, activities, and games.

Family session facilitators:

All three group leaders sit with families to assist in activities, as described above.





Requirements for Training

- A large room with space for participants to engage in activities and group work
- Two flip charts and marker pens
- Chairs/desks in horse shoe form facing the screen
- Lap-top/projector facilities – or large TV and DVD player

The parent sessions are DVD based and for a group of 21 it would need to be an adequate size for everyone to have a good view. Projecting the DVD onto a screen or white board is the better option, if possible.

3 Day Facilitator Training: Day 1

**For Parents and Youth
10-14**

- 9:00 – 9:30: **Coffee and registration**
- 9:30 – 10:00: **Welcome, overview and research findings.**
- 10:00 – 11:00: **Parent/Carer Session 1**
Understanding problems of teenagers.
Balancing Love and Limits.
Supporting young people’s goals and dreams.
- 11:00 – 11:15: **Coffee**
- 11:15 – 12:00: **Youth Session 1**
Making group ground rules.
Taking small steps to reach goals.
Making treasure maps.
- 12:00 – 12:30: **Family Session 1**
Parent/Youth discussion on goals for the future.
How well do we know each other? Game.
- 12:30 – 1:15: **Lunch**
- 1:15 – 2:00: **Parent/Carer Session 2**
Understanding what youth this age are like.
Making Specific house rules.
Using “I” statements.
- 2:00 – 2:45: **Youth Session 2**
Understanding parents’ stress.
Seeing things from parent’s point of view.
Appreciating things parents do for youth.
- 2:45 – 3:00: **Tea**
- 3:00 – 3:30: **Family Session 2**
Identifying strengths of family members.
Making a family tree.
- 3:30 – 4:00: **Relationships with parent/carers, working in partnership and round up of day**



3 Day Facilitator Training: Day 2

**For Parents and Youth
10-14**

- 9:00 – 9:45: **Parent/Carer Session 3**
Giving compliments to reinforce good behaviours.
Using a point chart.
Building a positive relationship.
- 9:45 – 10:30: **Youth Session 3**
Understanding things that can cause stress.
Knowing symptoms of stress.
Learning healthy ways to cope with stress.
- 10:30 – 10:45: **Coffee**
- 10:45 – 11:30: **Family Session 3**
Learning about family meetings.
Working on youth privileges.
Having fun as a family.
- 11:30 – 12:15: **Parent/Carer Session 4**
Staying calm.
Giving small chores.
Taking away privileges.
Saving big penalties for big problems.
- 12:15 – 1:00: **Lunch**
- 1:00 – 1:45: **Youth Session 4**
Learning that everyone has rules.
Understanding that things go better when youth follow rules.
- 1:45 – 2:30: **Family Session 4**
Understanding what family values are.
Making a family shield.
- 2:30 – 2:45: **Tea**
- 2:45 – 3:30: **Programme Implementation**
Scheduling and timing.
Child care, meals and transportation.
Location, equipment and supplies.
- 3:30 – 4:00: **Discussion/questions and round up of day**



3 Day Facilitator Training: Day 3

For Parents and Youth
10-14

- 9:00 – 9:30: **Parent/Carer Session 5**
Avoiding harsh criticism.
Listening to young people’s feelings.
Meeting young people’s needs in positive ways.
- 9:30 – 10:30: **Youth Session 5**
Understanding that drugs and alcohol will keep youth from reaching goals.
Learning things to say to avoid peer pressure.
- 10:30 – 11:00: **Family Session 5**
Listening Game.
Joint problem solving activity.
- 11:00 – 11:15: **Coffee**
- 11:15 – 12:00: **Parent/Carer Session 6**
Protecting against alcohol and drug abuse.
Supporting young people in school, keeping track of young people.
- 12:00 – 12:45: **Youth Session 6**
Learning more things to say to avoid peer pressure.
Knowing who is a good friend.
- 12:45 – 1:30: **Lunch**
- 1:30 – 2:00: **Family Session 6**
Sharing refusal skills.
Sharing parent’s dreams and expectations.
Reaching our goals.
- 2:00 – 2:30: **Parent/Carer Session 7**
Using community resources.
- 2:30 – 3:00: **Youth Session 7**
Reaching out to others.
- 3:00 – 3:30: **Family Session 7**
Programme review.
Programme evaluation.
Letter to young people and parent/carers.
Graduation.
- 3:30 – 4:00: **Tea and end of training discussion evaluation**



Contact Information

If you require further information about the programme, products or additional training then please get in touch.



E-mail:

sfpinfo@brookes.ac.uk



Telephone

Please call us on: +44 (0) 1865 482 575



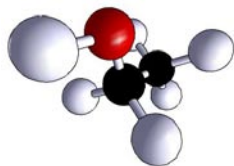
By post

Strengthening Families Programme 10-14 (UK)
School of Health and Social Care
Oxford Brookes University
Jack Straws Lane
Marston
Oxford OX3 0FL
United Kingdom

Website

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Implementation of the Strengthening Families Program (SFP) 10-14 in Barnsley: The Perspectives of Facilitators and Families

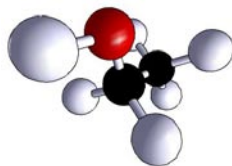
Introduction

Numerous studies in Europe report high rates of alcohol use among young people. A recent European study on alcohol and drugs use by young people reported that the UK had among the highest rates of drunkenness and binge drinking and alcohol consumption in Europe. Research participants reported that 75% had had one episode of drunkenness, while nearly one third had 20 or more episodes in their lives or 10 or more episodes in the last year. Half had been intoxicated in the last month and a quarter intoxicated at least three times in the same period. The trends of the last decade are: more young people are drinking regularly (at least once a week); weekly drinkers are drinking more; regular young drinkers are drinking more alcohol per session; there are changes in the types of alcohol consumed (alcopops/designer drinks).

The alcohol and drug problems of individuals also affect their children and families. These effects have been well documented and the phenomenon is a universal one. It has been estimated that there may be about 8 million family members (spouses, children, parents, siblings) living with the negative consequences of someone else's drug or alcohol misuse.

The Strengthening Families Programme 10-14 (SFP10-14) was originally developed by Kumpfer and associates at the University of Utah, as a 14-session family skills training programme designed to increase resilience and reduce risk factors for alcohol and substance misuse, depression, violence and aggression, delinquency and school failure in high risk children and their substance misusing parents. The SFP10-14 resulted from a major revision of the original Strengthening Families Programme. The modified SFP10-14 has been evaluated for primary prevention effectiveness with young people and their parents living in disadvantaged areas in Iowa, U.S.A.

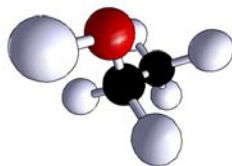
A recent Cochrane Collaboration Systematic Review, commissioned by the World Health Organisation and the UK AERC, reported that the SFP10-14 was an effective and promising prevention intervention. The number needed to treat (NNT) was 9 for preventing drinking and drunkenness initiation four years later. Importantly, the effectiveness of the SFP10-14 seemed to increase over time, rather than decay, as with other prevention programmes.



The reported effectiveness of the SFP10-14 as a primary prevention programme has led to its uptake in a number of therapeutic settings in the UK. For example, positive perceptions of the SFP 10-14 by both families and group leaders of an SFP 10-14 programme being run in a Child and Adolescent Mental Health Service in Barnsley have been reported. Similar findings in relation to the SFP10-14 run by the Kinara Family Resource Centre in Greenwich have also been noted. An exploratory trial of adapted SFP10-14 materials and approach in the UK context is currently being conducted in the School of Health and Social Care, Oxford Brookes University. Whilst initial anecdotal reports of implementation of the SFP in the UK are valuable a more systematic approach to evaluation of the SFP is needed.

A mixed methods design blending both quantitative and qualitative data was used in the study. The study was carried out in two phases over a 9-month period in 2005. Approximately 70 families have completed the SFP10-14 in the Barnsley area. A purposive sample of 10 families who met the inclusion/exclusion criteria for the study was selected. Two tape-recorded, focus group interviews lasting approximately 60 minutes were undertaken with the parents/caregivers and young people. Interviews focussed on the parent's/caregiver's and young people's experience of the SFP10-14 materials and approach. In addition, a purposive sample of 15 facilitators (approximately 30 facilitators had been involved in SFP10-14 programmes in the Barnsley area) was selected to reflect variation in facilitator backgrounds (i.e. number of agencies involved with, number of groups facilitated, occupational background). Three tape-recorded, focus group interviews lasting approximately 60 minutes were undertaken with the facilitators. Interviews focussed on their experiences of the SFP10-14 materials and approach. Audiotapes of all interviews were transcribed and a content analysis of transcriptions undertaken. Participants' responses were coded and categorised according to the theme(s) evident in what they said.

Quantitative data relating to the demographic characteristics of the participants in the study was collected i.e. parents'/caregivers'/young peoples': gender, age, presenting problems; facilitators': gender, age, occupational background, SFP10-14s completed). In addition, data was collected through: the SFP10-14 Parent/Caregiver Survey questionnaire (PCSQ); The SFP10-14 Young Persons' Survey questionnaire (YPSQ); The Strengths and Difficulties Questionnaire (SDQ). Descriptive

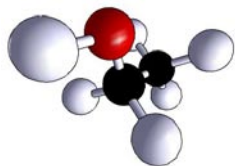


statistics for all questionnaire data were calculated. Total scores and subscale scores were calculated for all questionnaire data. Scores at the beginning of the programmes (weeks 1-2) and scores at the end of the programmes (week 7) were compared using the Wilcoxon signed ranks test ($\alpha=0.05$). Once quantitative and qualitative data had been analysed separately, a synthesis of the main findings from both approaches was then performed.

Findings

50 families (58 family members) attended SFP10-14 programmes in the Barnsley area between April 2002 and December 2004. 42 (84%) parents/caregivers attended without partners and 8 (16%) with partners. 47 (81%) female parents/caregivers and 11 (19%) male parents/caregivers attended programmes. 52 young people attended programmes (50 young people without siblings and 2 pairs of young people with siblings). There were 26 (50%) male young people and 26 (50%) female young people in the sample of families. The median age of the young people was 12 years with semi-interquartile range of 1.5 years. 23 facilitators reported having undergone SFP10-14 training in the Barnsley area. 17 of these facilitators have run SFP10-14 programmes. The largest number of SFP10-14 programmes facilitated by an individual was 10, with the majority of facilitators - 14 (58%) having completed between 1 and 3 programmes. Facilitators were employed by the following organisations/agencies: Health/Social services, LEA/Schools, Voluntary sector.

- There is evidence that families who participated in the study found the SFP10-14 useful in preventing young people's alcohol and drug use in terms of: learning more about alcohol and drugs, using knowledge and skills to reduce behaviours that might lead to alcohol and drug use and dealing with peer pressure
- The SFP10-14 was reported to have had a positive influence on the emotional health and well being of the participating families in terms of developing: better anger management skills, a more constructive approach to problem solving, more explicit demonstration of love and care, greater feelings of safety/security, increased respect for self and other people, improved self-esteem, greater empathy, better stress management and decreased feelings of being a failure
- There are indications that the SFP 10-14 contributed to changes in the behav-

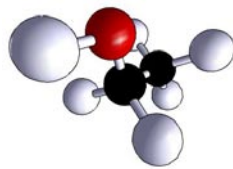


...our of the young people during the programme in terms of: knowing and learning the rules of behaviour, setting the boundaries of behaviour, using effective questioning techniques to monitor the young person's whereabouts, using a points chart to manage behaviour, dealing with peer pressure and learning how to keep out of trouble

- Parents/caregivers and young people reported that the SFP10-14 had played a part in improving family functioning through: strengthening the family unit, improving parent/caregiver communication, using a more consistent approach, increasing the repertoire for dealing with situations, developing better positive and negative feedback, working more together as a team, identifying family strengths, strengthening family bonds, receiving group support, working more closely with mum and dad, learning to listen more, learning to get along with each other better, helping parents/caregivers more, better understanding of what parents/caregivers/young people are saying, changing the code of behaviour and developing more interaction in family
- A number of messages emerged from the qualitative evaluations of the programmes: from the family's perspective it was important not to be seen as a "problem family" or as a "failure", the timing and place of programmes was crucial regarding family attendance, the programme had to be adequately funded (to provide sufficient facilitators, childcare support and incentives for participants), recruitment is enhanced through the use of pre-course literature and family briefing meetings, problems with literacy are a reality for many families, group dynamics are an important part of the programme and need to be addressed by facilitators

Implications

The findings from this study suggest that the SFP10-14 may be a useful primary prevention intervention in helping to prevent alcohol and drug use in the UK. This finding is interesting as the US programme and materials were predominantly used in the programmes focused on by the research. However, whilst facilitators and families in Barnsley reported that the US context to the programme was not an absolute barrier to using it, it was a relative distraction. They thought that there was clearly a need to produce a UK version of the programme. This study has reported



on the use of the SFP10-14 as a targeted intervention with high-risk families known to a young people's services service. Further studies of the use of the programme with high-risk families is needed, especially those from different minority ethnic backgrounds. Studies of the use of the SFP10-14 as a universal intervention are also required. Further studies of the efficacy of the SFP10-14 in the UK are needed using a culturally adapted version of the programme. Quantitative studies should be based on a randomised controlled trial design, with sample sizes based on power calculations, using valid and reliable instruments (especially in relation to substance misuse). Qualitative data should be collected to explore participants' perceptions of the adapted materials. Cost effectiveness of the SFP 10-14 in the UK should also be determined

Further information

This research was carried out by: Lindsey Coombes, Debby Allen and David Foxcroft at the School of Health and Social Care, Oxford Brookes University and Megan Marsh, Altogether Now Parenting Team, Barnsley.

Enquiries to:

Debby Allen:
dallen@brookes.ac.uk

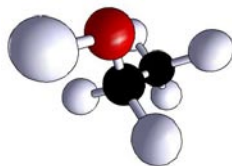
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Preventing Alcohol and Drug Misuse in Young People:
Adaptation and Testing of the Strengthening Families Programme
10-14 (SFP10-14) for use in the United Kingdom

In 2006 Coombes et al produced a report *Implementation of the Strengthening Families Programme (SFP) 10-14 in Barnsley*, which evaluated the use of the SFP10-14 in the UK based on the experience of facilitators and families who had undertaken the programme using the original US materials (see AERC final Report). One of the aims of this project was to identify any changes that would be necessary to adapt the existing US SFP10-14 materials and approach to the UK context.

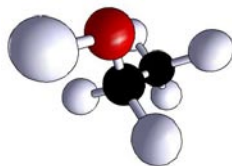
Whilst facilitators and families in Barnsley reported that the US context to the programme was not an absolute barrier to using it, it was a relative distraction. They thought that there was clearly a need to produce a UK version of the programme and materials.

The report concluded that further studies of the efficacy of the SFP10-14 in the UK were needed using a culturally adapted version of the programme. Quantitative studies, based on a randomised controlled trial design, were recommended. And in addition the report suggested that qualitative data should also be collected to explore participants' perceptions of the adapted materials.

The current report *Preventing Alcohol and Drug Misuse in Young People: Adaptation and Testing of the Strengthening Families Programme 10-14 (SFP10-14) for use in the United Kingdom* was carried out in response to the conclusions and recommendations of the Barnsley study.

Introduction

Numerous studies in Europe report high rates of alcohol use among young people. A European School Project on Alcohol and Drugs (Hibbell 1999) reported that the UK had among the highest rates of drunkenness and binge drinking and alcohol consumption in Europe. Participants reported that 75% had had one episode of drunkenness, while nearly one third had 20 or more episodes in their lives or 10 or more episodes in the last year. Half had been intoxicated in the last month and a quarter intoxicated at least three times in the same period. The trends of the last decade are: more young people are drinking regularly (at least once a week); weekly drinkers are drinking more; regular young drinkers are drinking



more alcohol per session; there are changes in the types of alcohol consumed (alcopops/designer drinks) (Alcohol Concern 2005).

Young people may suffer significant adverse consequences either directly related to their drug and alcohol use and/or as a result of their lifestyle, influenced by their substance misuse. Commonly reported psychosocial consequences include arguments with families and friends, financial difficulties and problems at school.

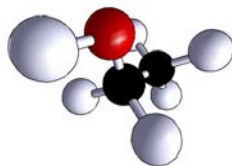
A Cochrane Collaboration Systematic Review, commissioned by the World Health Organisation and the UK AERC, reported that the SFP10-14 was an effective and promising prevention intervention. The number needed to treat (NNT) was 9 for preventing drinking and drunkenness initiation up to four years later. Importantly, the effectiveness of the SFP10-14 seemed to persist over time, rather than decay in the same way as other prevention programmes (Foxcroft 2003).

The Strengthening Families Programme 10-14 (SFP10-14) is a seven session video based family skills training programme designed to increase resilience and reduce risk factors for alcohol and substance misuse, depression, violence and aggression, delinquency and school failure. The SFP10-14 has been evaluated for primary prevention effectiveness with young people and their parents living in mainly rural areas in Iowa, U.S.A. (Spoth et al 2001a; Spoth et al 2001b).

Whilst initial reports of implementation of the SFP10-14 in the UK are valuable it has been recognised that the US SFP10-14 programme materials and approach might need to be adapted to meet the needs of a UK audience and that a more systematic approach to evaluation of SFP10-14 in the UK was needed (Coombes et al 2006).

The full report presents the results of the adaptation process and exploratory pilot study of the adapted SFP10-14 materials and approach in the UK <http://www.aerc.org.uk/publicationsFinalRep.htm>.

This Alcohol Insight presents a synopsis of the full report.



Aims of the study

1. To adapt the US SFP10-14 materials and approach for the primary prevention of alcohol and drugs misuse in the U.K.
2. To model and explore the adapted SFP10-14 (UK) materials and approach with young people in the UK.
3. To develop a protocol for a large-scale evaluation study of the SFP10-14 (UK) including a cost-effectiveness assessment.

Adapting and Modelling the SFP10-14 materials and approach for use in the UK

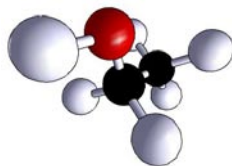
The research design followed guidance by the Medical Research Council (MRC) on the development of evaluations of complex interventions.

Method

- **Adaptation of US SFP10-14 materials**

A small number of professionals and participants who had facilitated/attended SFP10-14 programmes in the United Kingdom using the United States programme materials were recruited and an advisory group formed. The advisory group reviewed the original SFP10-14 materials and made recommendations about how the original programme should be adapted for a UK audience, using a nominal group technique to collect data. The process of the nominal group's work was recorded and the completed list of suggested improvements was then sent to all participants at a later date to check for accuracy and agreement. The US SFP10-14 materials were then revised according to the agreed lists of improvements to produce the SFP10-14 (UK) materials.
- **Modelling of revised SFP10-14 materials**

Focus group meetings involving parents/guardians and children were held in schools in four different geographical locations in the United Kingdom: Barnsley, Chester, Oxford and Peterborough. The focus groups critically reviewed the revised SFP10-14 (UK) materials, identifying what they felt were their strengths and weaknesses.



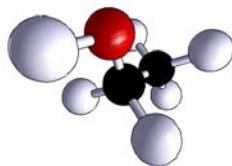
At the start of each focus group, short extracts from the original US SFP10-14 materials were shown. This was done to enable participants to provide a reference point for discussion of the adapted SFP10-14 (UK) materials. Participants were then asked for their opinions about the US SFP10-14 materials. This process was repeated for the SFP10-14 (UK) materials.

All focus group interviews were audiotape recorded and transcribed. The transcripts were coded and the codes were then aggregated to form larger conceptual categories. Conceptually meaningful themes were constructed from categories of the data. Validation of the thematic analysis was achieved through the use of independent individuals to check the analysis and interpretation of data; external checks on the inquiry process and debriefing with informants.

- **Exploratory pilot study of SFP10-14 (UK)**

The SFP10-14 (UK) materials produced from the adaptation and modelling stages were field tested in three different geographical locations. In each of the three sites sufficient families were recruited to participate in the SFP10-14 (UK) delivery sessions. Subsequently, in each of the three sites a similar number of families were non-randomly selected into a comparison group. The comparison group children received the standard alcohol and drugs education delivered as part of the school curriculum. The SFP10-14 (UK) group received the standard alcohol and drugs education delivered as part of the school curriculum plus the SFP10-14 (UK) intervention.

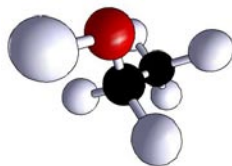
Study self-report questionnaires were completed by youth and their parents/carers pre- and post- intervention, and at 3 months after completion of the programme. The study questionnaires were adapted from validated tools used in previous SFP10-14 evaluations in the US (Spoth et al 2001a; Spoth et al 2001b) and those used in ESPAD (European School Survey Project on Alcohol and Drugs) research studies. To supplement and enrich the quantitative data, focus groups were held to gain feedback from participating families. Two tape-recorded, focus group interviews lasting approximately 60 minutes were undertaken with the parents/caregivers and young people in Barnsley and Chester who had com-



pleted the SFP10-14 (UK) programme. Interviews focused on the parent's/caregiver's and young people's experience of the SFP10-14 materials and approach. All interviews were tape recorded and transcribed and a content analysis of transcripts undertaken. The transcripts were coded and codes aggregated to form larger conceptual categories. Conceptually meaningful themes were constructed from categories of the data. Validation of the thematic analysis was achieved through the use of independent researchers to analyse and interpret single sets of data, external checks on the inquiry process and debriefing with informants.

Findings

- **Adaptation & Modelling of revised SFP10-14 materials**
The results from the nominal group meeting and subsequent focus group meetings provided useful information on whether and how the original US SFP10-14 materials could be adapted for use in the United Kingdom, while at the same time retaining essential ingredients of the effective US programme. Twenty-one parents/caregivers and sixteen young people participated in the focus groups. The nominal and focus group study led to the development of newly revised programme materials, now referred to as SFP10-14 (UK), that were used in the subsequent exploratory pilot study.
- **Exploratory pilot study of SFP10-14 (UK)**
There were 23 parent/caregivers and 24 young people from 3 sites in the SFP10-14 (UK) intervention group. There were 24 parent/caregivers and 22 young people from 3 sites in the non-random comparison group. The study questionnaires were completed by all participants without difficulty, and analysis and interpretation was straightforward. Given the small sample size and short-term follow-up in the pilot study no statistically significant effects were predicted or found, though data are summarized in the full report for completeness: overall, there were no clear or consistent outcomes associated with the SFP10-14 programme in terms of alcohol use, substance use, parenting behaviour, general child management, parent-child affective quality, or measures of supportive and controlling family environment.



- **Qualitative evaluation of SFP10-14**

16 adults and 14 young people participated in focus groups. Feedback from parents, carers and young people was positive. They reported that the SFP10-14 (UK) had played a part in improving family functioning through: strengthening the family unit, improving parent/caregiver communication, using a more consistent approach, increasing the repertoire for dealing with situations, developing better positive and negative feedback, working more together as a team, identifying family strengths, strengthening family bonds, receiving group support, working more closely with mum and dad, learning to listen more, learning to get along with each other better, helping parents/caregivers more, better understanding of what parents/caregivers/young people are saying, changing the code of behaviour and developing more interaction among the family.

Implications

Although there were no clear or consistent outcomes associated with the SFP10-14 programme on examination of the quantitative data, we need to be cautious about our interpretation of these data. The purpose of this pilot study was primarily to test the adapted materials and the evaluation tools in a “live” programme delivery setting in the UK. Further research based on a randomised controlled trial design, with adequate sample size, is required to fully evaluate the potential of the programme in the UK.

The qualitative data that were obtained allow us to draw some conclusions about the perceived benefits of the SFP10-14 (UK) from the participant’s perspective. These results suggest that parents, carers and young people enjoyed and felt that they benefited from the intervention.

A protocol for a large-scale trial of the SFP10-14 in the UK has been developed for submission to major funding agencies.

Further information

This research was carried out by Debby Allen, Lindsey Coombes and David Foxcroft at the School of Health and Social Care, Oxford Brookes University.

Enquiries to:

Debby Allen
email: dallen@brookes.ac.uk

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Reaching out to support families and communities

My Strong Family Consultancy
School of Health and Social Care
Oxford Brookes University
Jack Straw's Lane
Marston
Oxford OX3 0FL

Phone: +44 (0) 1865 482575
Email: sfinfo@brookes.ac.uk
Website: www.mystrongfamily.co.uk