

**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**

Allen, D., Coombes, L., & Foxcroft, D.R.

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Research Report No. 28

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Executive Summary

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).

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 in 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). This report presents the results of the adaptation process and exploratory pilot study of the adapted SFP10-14 materials and approach in the UK.

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.

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 was recruited and an advisory group formed. Four professionals, four mothers, two fathers and five young people agreed to join the advisory group. The advisory group was established with the remit to meet on one occasion only, with any further contact being by correspondence. 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 advisory group was asked to review the US SFP10–14 materials and generate an individual list of positive features, and areas for improvement. A 'round robin' recording of individuals' ideas into a single list was undertaken until all ideas were exhausted, and duplicates eliminated. The advisory group was then asked to discuss each item of the final list and to reach a consensus on the areas for improvement. The final list was the pooled results of individual opinions. 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 (see Table 1). The sites and participants were selected purposively guided by time and resources. 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 completed 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 this pilot study no statistically significant effects were predicted or found, though data are summarized here 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.

16 adults and 14 young people participated in the focus groups. Feedback from parents, carers and young people was overwhelmingly positive. The following key themes have been selected for the summary:

Expectations and reasons for attending the SFP10-14: some participants commented that they did not have any idea what to expect before attending the programme, while others identified a particular aspect of the programme that they had come to find out about. What became clear during analysis of the focus group data was that the important aspect of the programme for many parents/guardians was not necessarily to do with drug and alcohol prevention, but more to do with strengthening family functioning.

Involving youth in the programme: participants acknowledged that in some cases it had not been easy to persuade their youth to attend the first group meeting. There were examples given that showed some youths were quite determined not to go with their parents at first. However, after participating in the first group, barriers and obstacles to attendance were overcome.

What worked well for participants: participants identified that the SFP10-14 (UK) had helped strengthen the family unit and had also helped them identify different strategies to manage situations. Their responses indicated that they felt that the SFP10-14 (UK) provided parents with a range of strategies (or 'tools') which they can draw on to help manage different situations. Some of these strategies involved a change in the adults' behaviour and how they responded to challenging situations.

Some participants also observed that by working with a group that were all there to learn about parenting and improving their skills helped them to be open about their problems. The sessions that focused on peer pressure were identified as being particularly helpful by participants.

When speaking about the parent sessions of the programme, the group spoke positively about the support they felt they had from one another. They felt that everyone had participated and contributed to the sessions and therefore the group had gained from that.

Use of DVDs, actors and scenario: generally, participants found the DVDs useful to illustrate particular potentially problematic aspects of family life, and felt they could identify with the families (actors) homes and the locations that were used. Some participants felt the approach taken in the DVDs was patronising when they first saw it, but generally, they developed a more positive perception as they became more engaged with the programme. Participants felt that the actors and scenarios helped get discussion going in sessions by encouraging people to reflect on their own situations and how they dealt with these.

Exercises and activities in the programme: participants were very positive about the activities and family exercises to help families have fun and learn about each other, particularly enjoying activities such as creating the family tree and the family shield. However not all comments about this aspect of the course were entirely positive. Some participants found some of the exercises or games rather frivolous, although they did understand that there was a purpose behind the group activities.

What did not work so well for participants: participants were asked if they could identify aspects of the SFP10-14 (UK) that they felt did not work so well for them or for the group as a whole. One of the issues that was identified related to the tight control of time. The delivery of the SFP10-14 (UK) relies on strict time keeping within a two hour time frame: in the first hour parents and youth work separately, in the second hour they work together. It is critical that both sessions end together, on time, or the following family session will over-run and participants will be late leaving for home. Participants felt they were sometimes rushed with not enough time being available for discussion. However they also acknowledged that there is a need for some time limits.

Timing of the programme: the SFP10-14 (UK) is generally facilitated in the evening as this suits most families. The timing of the programme had been negotiated with parents and carers at the information evening held prior to the programme. Participants felt that this had worked well for most members of the group.

Crèche: the programme also offered a crèche for families who had younger siblings. This was viewed very positively by both the parents and the children who attended the crèche.

Positive outcomes: throughout the focus group sessions parents and carers spoke of what they had learned and how their parenting had changed since attending the programme. The following are a selection of some of the comments made:

“What I’ve learnt is to really, really listen to my kids feelings. Even if the answer is going to be no to whatever the request is, because some have to be no, but they need to air their feelings”

“It changed my behaviour towards my children, I listen to what they say, I don’t lose my temper so much”

“I used to confront him and the situation would get worse and worse and it could spoil a whole evening...but by walking away its much better, it’s a really calm approach”

“We have definitely got closer since doing the course, I think what they (youth) have done in combination with what we have done – I think its made her think a bit more about her behaviour at home and I’m certainly thinking about my behaviour more”

“I’m a single parent I’m on my own, it’s very hard to be a mum and a dad, but the tools gained from the course have been extremely beneficial”

“I feel that you have never got enough skills as a parent, I’ve learned a lot from this course, my son’s learned a lot from this course and its brought us closer together and I think it would bring any family closer together”

*“I’ve got nothing but praise for what has happened, it’s a transformation. Getting called into school and they asked ‘what has changed in ****, what have you done that is different? There is a noticeable and marked difference in the way **** has adopted a more mature attitude’ and that, that’s the proof of the pudding isn’t it? As they say”*

Youth Feedback: the young people who had participated in the programme were equally enthusiastic in their evaluation of their experience. They enjoyed the companionship, the role play, games and exercises. They also commented that some of the tools and strategies used in the programme had worked for them in their family setting. One example of comments from one young person is:

“I was like a bit nervous when I first came – but then enjoyed it. I liked the first week, especially the treasure map, and the fifth week with the shield. The last week was good with the role models. I liked working with mum and dad. I enjoyed the DVDs and having the family meetings. The role play and acting was good especially ‘setting up situations’. The games were good I liked the three legged game”

“I liked it all – no negatives”

“I learned about drugs and keeping out of trouble. And about rules – in the driving game”

“It has been better at home. We use the points and I earned 8 points and that meant a meal in the pizza hut. 10 points and we have an Indian meal. I get the points when I clean my room, putting my shoes away. For cleaning the car or cutting the grass”

Conclusions

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. Parents/caregivers and young people 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.

A protocol for a large-scale trial of the SFP10-14 in the UK has been developed and is being submitted to various funding agencies.

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Last but not least, we would also like to thank the Communications and Marketing Department (School of Health and Social Care Oxford Brookes University) for their help and support throughout the project and the production of this final report.

Our sincere thanks to you all.

1.0 Introduction

The Strengthening Families Programme* (SFP) 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 (Kumpfer et al 1996). The version of the SFP that has been evaluated most positively over a four-year follow-up period (SFP10-14) resulted from a major revision of the original SFP. 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. (Spath et al 2001a; Spoth et al 2001b).

The original SFP programme included three courses: Parent Skills Training, Children's Skills Training and Family Skills Training) taught in fourteen two-hour periods. In the first hour, parents and children participate in separate classes, each class being facilitated by two co-leaders. During the second hour, families practice structured family activities. Four booster sessions may be provided between 3 and 12 months after the initial courses. The modified SFP10-14 is a shorter version (seven weeks), heavily based on video presentations: Seven initial sessions and four booster sessions are aimed at low risk youth in schools.

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, as with other prevention programmes (Foxcroft 2003).

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, Marsh and Male (2003) reported positive perceptions of the SFP by both families and group leaders of an SFP programme being run in a Child and Adolescent Mental Health Service in Barnsley. Hoskin (2004) has reported similar findings in relation to the SFP run by the Kinara Family Resource Centre in Greenwich.

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 need to be adapted to meet the needs of a UK audience and a more systematic approach to evaluation of the SFP10-14 was needed (Coombes et al 2006) This report presents the results of the adaptation process and exploratory study of the adapted SFP10-14 materials and approach in the UK.

*In this report the English spelling of programme will be used

2.0 Aims of the study

The aims of this project were to:

1. adapt the US SFP10-14 materials and approach for use in the United Kingdom social and cultural context;
2. model and pilot the SFP10-14 (UK) materials and approach with parents and young people in the UK; and
3. develop a protocol for a large-scale Phase III evaluation study of the SFP10-14 (UK) to include a cost effectiveness assessment.

3.0 Background

This background section draws on several domains of knowledge used to inform the study. First, it explores what is known about contemporary drug and alcohol misuse by young people, focusing particularly on the family context. Second, it will examine the published literature relating to drug prevention programmes, especially three recently published Cochrane reviews. Third, the Strengthening Families Programme 10-14 will be considered in detail.

3.1 Prevalence and trends in alcohol and drug misuse by young people

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 amongst the highest rates of drunkenness, 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).

In the UK, after cannabis use, dance drugs, amphetamines (lifetime prevalence rate 8%), LSD and Ecstasy (3.4 methylene-dioxy-N-methamphetamine) are the next most common, with a minority using heroin or crack cocaine (Ramsey & Partridge 1999 reported rates of 1-3%). Measham et al (1998) reported on the “unprecedented rise in youth drug use in the mid-1990s, among adolescents from all diverse backgrounds sometimes in the context of dance culture and against a background of increasing availability, acceptability and popularity of drug use in youth leisure time.

3.2 Complications of alcohol and drug misuse

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. On a physiological basis, young people’s metabolism of alcohol, for instance, differs from adults. There is greater risk of intoxication, of low blood sugar, epileptic seizures or coma for a given level of alcohol ingestion (Wright 1999).

Intoxication and drunkenness more than dependence are linked with problems such as violence, crime and accidents. Numerous epidemiological studies internationally have reported on the prevalence and trends of licit and illicit drug use by young people over the decades. While these studies varied because of different definitions of populations of young people, different methodologies, ages and cultures, the various reports are nevertheless useful in generating data concerning approximate trends in use of different drugs.

The latest European school survey project on alcohol and other drugs (ESPAD) (Hibbell et al 2004) data for 15- to 16-year old students show that lifetime prevalence of cannabis use ranges from 3% to 44%. Between 2% and 36% of school students report having used the drug in the last 12 months, while use in the last month ranged from 0% in some countries to 19% in others. For the UK, lifetime prevalence of cannabis use is reported as 38%, use of cannabis in the last year as 31% and use in the last month as 20%.

In nearly all countries (including the UK), prevalence of cannabis use is higher among males than in females. Between 1999 and 2003 many European countries reported an increase in the number of school students who reported having tried cannabis at the age of 13 or younger. However, a decrease of 1% was reported in the UK. According to a recent Eurobarometer (2004), the number of young people aged 15-24 who declared that they had been offered cannabis rose from 46% in 2002 to 50% in 2004. In the same period, the number of young people who reported that they knew people who had used cannabis also rose from 65% to 68%.

Robson (1997) reported a ten-fold increase in alcohol intoxication related accident and emergency admissions over the previous decade, requiring resuscitation and/or treatment of injuries or accidents incurred whilst intoxicated. Most deaths related to alcohol involve accidents, suicide and violence rather than toxicity (Walker 1997).

In the UK studies of the white heterosexual populations suggest a positive association between drinking and risky sexual activity. The available data also suggest a link between substance use and sexually transmitted diseases.

There is an extensive literature on the comorbidity of mental illness and substance misuse, particularly in adults. Children with comorbidity report higher rates of family problems, antisocial behaviour, truancy and failure at school. Young people with this pattern of problems are at enhanced risk of suicide, now a major cause of death among young males (Wittchen et al 1998).

3.3 Alcohol and drug problems and families

The alcohol and drug problems of individuals also affect their children and families. These effects have been well documented (Orford & Harwin 1982; Velleman 2000; Hurcom et al 2000; Kroll & Taylor 2003) and the phenomenon is a universal one (Orford 1990; Orford et al 1998; Eurocare 1998). Velleman & Templeton (2003) have made an estimate of the number of family members that may be affected by drugs and/or alcohol in the UK. They reason as follows: the latest figures suggest that as many as 4 million people aged 16-65 are dependent on alcohol and/or drugs. Assuming that each substance misuser will negatively affect at least two close family members, this suggests 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. Because the level of substance misuse set as "harmful",

“problematic” or “dependent” is quite high (in reality, problems for families are caused at much lower levels of consumption), it is safe to assume that this is a conservative estimate and that the number of affected family members is much higher.

Recently there has been increased concern about the children of problem substance misusers. The Advisory Council on the Misuse of Drugs (2003) estimated that there are between 200,000 and 300,000 (2-3% of children under the age of 16) children in England and Wales where one or both parents have a serious drug problem. The Department of Health (2000/2001) census of problem drug users in treatment estimated that 2-3% of the population under the age of sixteen in England and Wales are the children of problem drug users.

Despite this growing evidence, services have tended to focus on substance misusers with little attention paid to family members (Orford et al 2005; Copello & Orford 2002). However, there is some evidence that this situation is changing, with development of interventions – mainly with a psychological focus – for use with family members affected by substance misuse problems. These interventions fall into three main categories:

- Those where the involvement of family members is seen as a means of helping the person with a substance misuse problem
- Those that work with the family member in their own right
- Those that work within all members of the family at the same time

Results from studies of these interventions show that positive outcomes related to family members – e.g. physical and psychological health, coping and relationships – can be achieved (Copello & Orford 2002).

3.4 Evidence of effectiveness: Cochrane Systematic Reviews

Foxcroft et al (2003) reported on the effectiveness of the primary prevention of alcohol misuse in young people, and the 56 studies included in the systematic review reported a range of different prevention interventions over the short-, medium- and longer-term. These different prevention interventions represented a number of different theoretical perspectives, from knowledge only programmes through to normative, social learning and multi-component community based interventions. Different settings for prevention programmes and a range of different outcome measures added to the diversity of studies included in this systematic review. Although 56 studies is a large number of studies to include in a Cochrane systematic review the diversity of approaches to prevention, of settings, and of outcome measurement precluded a formal meta-analytic synthesis of results: no two studies were sufficiently similar. Therefore the main results of the systematic review were presented in the form of a narrative synthesis, structured by follow-up period. On examining the diverse studies selected for inclusion in the systematic review it became clear that there were no clear differences or patterns based on any of the stratification criteria considered by the reviewers (e.g. theoretical orientation, setting, study design, sample size, and outcome measure). Therefore the reviewers chose length of follow-up as a useful way of structuring the synthesis of the different studies: useful for policy makers and prevention workers who may prefer to consider the effectiveness of a prevention intervention over the longer-term.

Evidence of ineffectiveness is also an important consideration for policy makers and prevention workers, and in this regard the reviewers identified a number of prevention interventions (Foxcroft et al 2003) where the evaluation evidence shows no evidence of effectiveness, despite limitations of the evaluations. Over the longer-

term, the results of the systematic review pointed to the potential value of the Strengthening Families Programme 10-14 (SFP10-14) (Spath 2001a) as an effective intervention for the primary prevention of alcohol misuse. The Number Needed to Treat (NNT) for the SFP10-14 over 4 years for three alcohol initiation behaviours (alcohol use, alcohol use without permission and first drunkenness) was 9 (for all three outcomes). Other interventions reported by the authors as worth considering are culturally focused interventions. One study highlighted the potential value of culturally focused skills training over the longer-term (NNT=17 over three-and-a-half years for 4+ drinks in the last week). The Life Skills Training approach (LST) showed less promise (Foxcroft et al 2003).

Whether interventions focused on alcohol alone, or alcohol as one of a number of drugs, appeared to have no effect on outcome in the studies reviewed (Foxcroft et al 2003). However, the majority of these studies were conducted in the U.S.A., where the goal of misuse prevention programmes tends to be abstinence from any substance use (including alcohol). This may not be the target outcome for drinking behaviour in other countries, where the emphasis tends to be sensible drinking rather than abstinence. Different philosophies underlie the two approaches so caution must be taken if the adoption of intervention programmes from the United States is contemplated. For example, in Britain different messages are given for alcohol compared with tobacco or illegal drugs - sensible age-related use for the former, abstinence for the latter.

3.5 The SFP10-14: background and history

Kumpfer and associates at the University of Utah originally developed the SFP programme in 1983 by as part of a three-year prevention research project funded by the National Institute on Drug Abuse (NIDA) (Kumpfer et al 1989). The original SFP was designed to reduce vulnerability to drug misuse in 6- to 12-year-old children of methadone maintenance patients attending a clinic in Salt Lake City. By studying how the drug problems of parents affected their children, the researchers established that disorganised stress in the household often resulted in lack of consistent parenting (Kumpfer et al 1985). Parents spent relatively little time with their children, particularly “quality time” enjoying activities. Stigma and fear of exposure lead to social isolation of the family and the children. The result was an impoverished social environment that lacked adult support. Family dysfunction took its toll on the children in the form of emotional stress, low self-esteem, under achievement at school, conflict at home and avoidance of intimate relationships.

The curriculum included weekly sessions lasting 2 - 3 hours. For about an hour parallel groups of children and parents from 4-14 families develop their understanding and skills led by two facilitators in the parent session and two facilitators in the youth session. In a second hour, parents and children came together in family units to practice the principles they have learned (www.modelprograms.samhsa.gov). The remaining time is spent in logistics, meals and enjoyable family activities (Kumpfer 1998). One 2-3 hour session was scheduled per week, typically for 12-14 consecutive weeks. At the time of its construction, the SFP's three-part structure was different from alternative approaches, as was the idea of parents putting their learning into effect during the 12-14 weeks – an opportunity to receive immediate feedback from facilitators (DeMarsh & Kumpfer 1985). During family sessions parents are helped to enjoy their children and reinforce good behaviour. The programme builds on already existing positive behaviour before tackling issues of limit setting and discipline. The programme is highly structured with detailed manuals, videos and activities whilst at the same time being highly interactive (Kumpfer 1998).

The SFP10-14 was the result of a major revision of the SFP originally developed by Kumpfer and colleagues. In 1992, the Social and Behavioral Research Center for Rural Health at Iowa State University received a grant from the National Institute of Mental Health (NIMH) to test the SFP in a general population of rural families with young adolescent children. The outcome was a substantial revision of the original SFP.

The revised SFP was developed as a 7-week curriculum identical in format to the original SFP (i.e. with separate parent and young people's sessions followed by a family session). This curriculum, the Iowa Strengthening Families Programme (ISFP) was an early version of the SFP10-14. The ISFP was tested through Project Family with 446 midwestern families who lived in economically deprived areas. The participants were from 22 rural school districts randomly assigned to intervention and control conditions. Of the 873 families with sixth-grade children (age 11-12), 446 agreed to participate in the study and completed baseline measures. Before and after questionnaires completed by the parents and observations of the families confirmed that the four targeted parenting behaviours had improved: communicating rules about substance use; managing the child's anger; involving the child in family activities and decisions; and communicating understanding of the child as well as the parent's wishes (Spoth et al 1998; Redmond et al 1999; Molgaard & Spoth 2001). In turn these led to generalised improvements in the parents' management of the child and in the emotional quality of the parent-child relationship.

Other papers assessed whether these - or other - changes really had helped delay substance use or misuse. Such an effect was apparent in the two years following the end of the programme when fewer young people from the ISFP schools started to drink, smoke, get drunk, or progress to regular/heavy smoking or drinking (Spoth et al 1999a; Spoth et al 1999b). A later follow-up assessed outcomes for drinking, smoking and cannabis use three and a half years after the end of the programme when the children were aged approximately 15-16 (Spoth et al 2001a). On most measures drug use was significantly and substantially less in pupils whose families had been offered the programme. Among children who had not used drugs, alcohol or tobacco from the before the start, 40% had begun to drink alcohol without their parents' consent compared to 59% of controls; 26% had now got drunk versus 44% of controls; 33% versus 50% had tried smoking; and 7% versus 17% had tried cannabis.

At the last follow-up 30% fewer ISFP children had drunk alcohol in the past month and 46% fewer had smoked cigarettes. They had also used drugs, alcohol and tobacco less often – on average drinking once and smoking less than one cigarette in the past month, 32% and 51% less than control group children. On both uptake and frequency measures, far from fading away, the gap between ISFP and control group children was widening the older they got.

On the basis of these figures, Spoth et al (2002) estimated that the programme saves nearly ten times its costs by averting alcohol related harm, savings in relation to smoking are also substantial. On some measures, incidents of hostility directed at parents and aggressive behaviour outside the home are reduced (Mason et al 2003).

The major limitation of these findings is that they derived from just over a third of the families asked to participate in the study. The remainder either refused to participate or their children did not complete the follow-up assessment. Results from these families may be a poor guide to the programme's impact on children in general, even in the same schools. Generalising the results beyond the rural, white, intact families

in the area to the rest of the USA would be problematic, still more so to the UK with its different legal controls and cultural attitudes to alcohol and under-age drinking.

With some more revision to include more ethnically diverse and urban populations, the ISFP became the Strengthening Families Programme for Parents and Youth 10-14, SFP10-14 (Molgaard et al 2000). The core seven-session format was retained, but after its delivery in the first five years of secondary school, parents are invited back the next year for four booster sessions.

3.5.1 Content and process of the SFP10-14

The long-term goal of the SFP10-14 is reduced substance misuse and behaviour problems during adolescence. Other objectives include: improved parental nurturing and limit setting skills, improved communication skills for both parents and young people and development of young people's prosocial skills. The risk and protective factors for parents and youth that are addressed in each session are shown in Table 1.

Table 1 Risk and protective factors in SFP10-14

Session	Protective factors addressed	Risk factors addressed
1	Positive future orientation, goal setting and planning, supportive family environment	Demanding/rejecting behaviour, poor communication skills
2	Age appropriate parental expectations, positive parent-child affect, empathy with parents	Harsh and inappropriate discipline, poor child-parent relationship
3	Emotional management skills, family cohesiveness	Harsh, inconsistent, or inappropriate discipline; poor communication of rules; child aggressive or withdrawn behaviour
4	Youth reflective skills, empathy with parents, prosocial family values	Poor parental monitoring; poor, harsh, inconsistent, or inappropriate discipline; youth antisocial behaviours
5	Cohesive, supportive family environment; consistent discipline; meaningful family involvement; empathetic family communication; social skills; peer refusal skills	Indulgent or harsh parenting style, family conflict, negative peer influence
6	Positive parent-child affect, clear parental expectations regarding substance use, interpersonal social skills, peer refusal skills	Poor school performance, negative peer influence
7	Positive parent-child affect; reinforcement of risk reduction skills addressed in the programme, reinforcement of protective factors and youth assets	Poorly managed adult stress, poor social skills in youth
Booster session 1	Prosocial peer interaction skills, effective stress and coping skills	Ineffective conflict management skills, poorly managed adult stress
Booster session 2	Conflict resolution skills, positive marital interaction	Peer conflict and aggression, hostile family interactions
Booster session 3	Cohesive, supportive family environment; empathy with parents; consistent discipline	Harsh and inappropriate discipline, poor child-parent relationship, poor communication of rules
Booster session 4	Positive marital interaction, family cohesiveness, peer refusal skills	Ineffective conflict management skills, negative peer influence, inappropriate parental expectations

Source: Molgaard et al 2000

The SFP10-14 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 SFP10-14 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.

Young people and parent sessions provide reinforcement and skills practice (See Table 2). For example, while the parents are learning how to use consequences when young people break rules, the young people are learning about the importance of following rules. In the family session that follows, the young people and parents practice problem solving as a family for situations when rules are broken.

Table 2 Session topics

Core sessions		Booster sessions	
		Parent	
Using love and limits		Handling stress	
Making house rules		Communicating when you don't agree	
Encouraging good behaviour		Reviewing love and limits skills	
Using consequences		Reviewing how to help with peer pressure	
Building bridges			
Protecting against substance misuse			
Getting help for special family needs			
		Young people	
Having goals and dreams		Handling conflict	
Appreciating parents		Making good friends	
Dealing with stress		Getting the message across	
Following rules		Practising our skills	
Handling peer pressure I			
Handling peer pressure II			
Reaching out to others			
		Family	
Supporting goals and dreams		Understanding each other	
Appreciating family members		Listening to each other	
Using family meetings		Understanding family roles	
Understanding family values		Using family strengths	
Building family communication			
Reaching goals			
Putting it all together and graduation			

Source: Molgaard et al 2000

Youth sessions focus on strengthening prosocial goals for the future, dealing with stress and strong emotions, appreciating parents and other older people, increasing the desire to be responsible and building skills to deal with peer pressure. Parent sessions include discussions of parents' potential positive influence on young teenagers. These discussions focus on understanding the developmental characteristics of youth, providing nurturing support, dealing effectively with young people in everyday situations, setting appropriate limits, following through with reasonable and respectful consequences and sharing beliefs and expectations regarding alcohol and drug use. During family sessions, parents and young people practise listening and communicating respect, identify family strengths and family values, learn how to use family meetings to teach responsibility and solve problems and learn how to plan enjoyable family activities.

Young person, parent and family sessions include discussions, skill building activities, videotapes that model positive behaviour and games designed to build skills and strengthen positive interactions among family members.

Parent sessions include didactic presentations, role plays, group discussions and other skill building activities. Videos are used for all parent sessions to demonstrate effective parent-young person interactions. The videos include didactic presentations by an African American narrator and several vignettes of typical family situations and interactions (both positive and negative). Adults and young people in the vignettes include African-American, Hispanic and non-Hispanic white actors (Molgaard 2000).

The majority of each young persons' session is spent in small and large group discussions, group skill practice and social bonding activities. Topics are presented in game like activities in order to engage the young people and to keep their interest while they are learning. In sessions 5 and 6 the video *Keeping Out of Trouble* and *Keeping your Friends: A Road Map* is shown to motivate young people to resist peer pressure and to teach specific steps in resistance.

Family sessions help parents and young people practise skills learned in the separate parent and youth sessions e.g. communication exercises and poster making projects. Teaching games help parents and young people empathise with each other and learn skills in family problem solving. Two of the family sessions use videos to demonstrate how to reinforce positive family change and maintain SFP10-14 benefits by holding regular family meetings and working together to help young people deal with peer pressure. The group facilitators lead discussions and group activities between videotape segments. Approximately two-thirds of each family session is spent within individual family units in which parents and young people participate in discussions or projects. The remaining time is spent in large-group skill-building activities and games. Each family session ends with a closing circle in which all youth and parents stand together in a circle and respond to open ended statement based on session content.

A 415-page instructor manual contains a teaching outline, a script for the videotapes and detailed instructions for all activities. An in-depth timeline for organising and implementing the SFP10-14 and a list of equipment and materials needed is provided. Master copies of each parent, young person and family worksheet and homework assignment are provided at the end of each session. A separate 215-page manual contains materials related to the four booster sessions for parents, young people and families. Two additional videos are required for the booster sessions.

Three group leaders are needed to facilitate the SFP10-14 – one for the parent session and two for the youth session. Each group leader is responsible for three or four families for the duration of the programme. The group leader spends time with each family during sessions and offers help when needed. All facilitators are expected to have attended training in which they learn about the programme and gain practical experience with the teaching activities, preparing for each session by reviewing the activities and assembling materials, teaching youth or parent sessions and helping to facilitate family sessions. In addition to the three group leaders, local coordinators can help recruit families, arrange and oversee childcare and arrange transport for families requiring this.

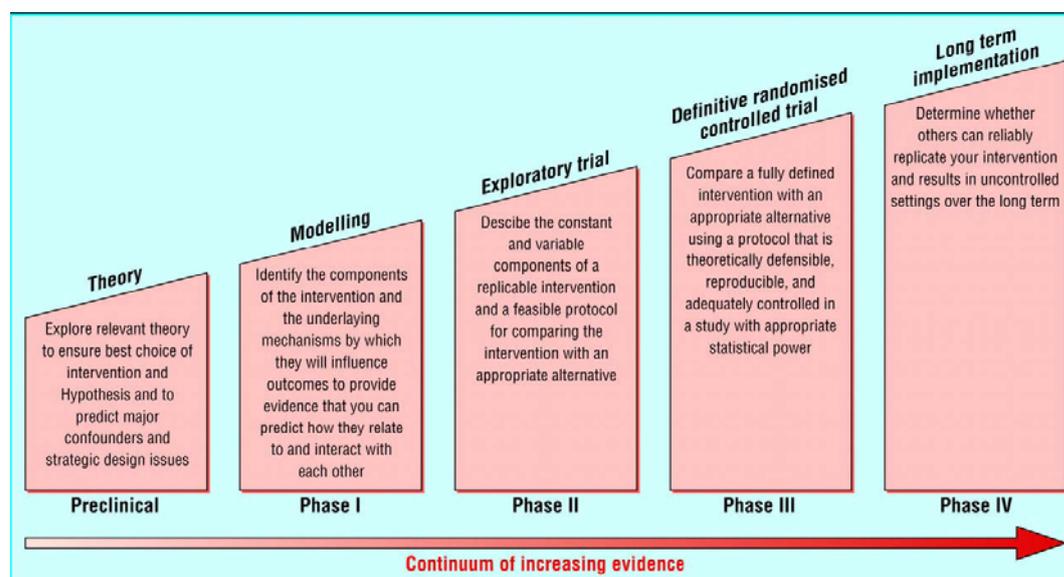
Recruitment is carried out by local organisations and agencies such as schools, health and social care services, and community/voluntary groups. The suggested procedure involves identifying a core group of parents and meeting with them to motivate them to recruit other families and then asking them to invite other families to the programme. Recruitment materials include programme brochures and a short promotional videotape with footage from an actual programme that illustrates the key features and includes comments from parents who have participated. When funding is available, families are given incentives such as tickets to local sports and leisure facilities. In addition, a weekly draw may be held for gifts that encourage families to spend time together at home. Grant money can also be used to provide family meals during the programme sessions and childcare.

Two separate rooms are required to run the programme and these are most frequently found in schools, churches or community centres. At least one room needs to be big enough to hold both groups together for the family session. A TV and VCR are needed for parent sessions 1-6; an additional TV is needed for youth sessions 5 and 6. Flipcharts and/or erasable board are needed for all sessions as well as markers, pens and paper.

3.6 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 (see Fig 1 below). The Medical Research Council (MRC) issued guidance on the development of evaluations of complex interventions, according to the stage of development of the intervention (see Figure 1). As the SFP10-14 has been evaluated to Phase III in the United States it could have been argued that a Phase III trial was the next step required in the UK. However, given the social and cultural diversity between the US and the UK, we felt that it was not appropriate to simply take the US SFP10-14 materials and test them in a large and expensive trial in the UK. Rather, the US materials needed to be adapted and pilot tested for use in the UK social and cultural context.

Fig. 1 Sequential phases of developing evaluations of complex interventions



According to the MRC, initial work often involves qualitative testing through focus groups, preliminary surveys, or case studies. Qualitative research can also be used to show how the intervention works and to find potential barriers to change in trials that seek to alter patient or professional behaviour. In later phases the information gathered in the initial work is used to develop the optimum intervention and study design. This often involves testing the feasibility of delivering the intervention and acceptability to providers and patients. Different versions of the intervention may need to be tested or the intervention may have to be adapted to achieve optimal effectiveness, for example, if the proposed intensity and duration of the intervention are found to be unacceptable to participants. The exploratory phase is also an opportunity to determine the consistency with which the intervention is delivered.

Using Fig. 1 as a reference, the project was a combined Phase I/Phase II study of the SFP in the U.K., i.e. adaptation, modelling and exploratory pilot study.

Ethical approval for the study was obtained from the School of Health and Social Care Research Ethics Committee, Oxford Brookes University.

4.0 Method

4.1 Design

4.1.1 Review and adaptation of SFP material

A purposive sample of a small number of professionals and participants who had facilitated/attended SFP10–14 programmes in the United Kingdom using the United States programme materials was selected and an advisory group formed. Prevention workers from Greenwich (London) and Barnsley, UK, who had been delivering the SFP10–14 using the original US materials, were invited. Four professionals, four mothers, two fathers and five young people agreed to join the advisory group. The advisory group was established with the remit to meet on one occasion only, with any further contact being by correspondence. The advisory group reviewed the original SFP10-14 materials and made recommendations about how the original programme could be adapted for a UK audience.

A nominal group technique was used to collect data. The advisory group was asked to review the US SFP10–14 materials and generate an individual list of positive features and areas for improvement. A 'round robin' recording of individuals' ideas into a single list was undertaken until all ideas were exhausted, and duplicates eliminated. The advisory group was then asked to discuss each item of the final list and to reach a consensus on the areas for improvement. The final list was the pooled results of individual opinions. 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.

4.1.2 Modelling of revised SFP10-14 (UK) 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 sites and participants were selected purposively guided by time and resources. The focus groups critically reviewed the revised SFP10-14 (UK) materials, identifying strengths and weaknesses of the content.

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.

4.1.3 Exploratory pilot study

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 (Spath et al *see reference pages*) and those used in ESPAD (European School Survey Project on Alcohol and Drugs) research studies.

4.1.4 Qualitative evaluation of SFP10-14

To supplement and enrich the quantitative data that were collected during the exploratory pilot study, focus groups were used 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 completed 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 individuals to analyse and interpret single sets of data; external checks on the inquiry process and debriefing with informants.

5.0 Findings

5.1 Review, adaptation and modeling of SFP10-14 material

A research paper reporting the adaptation process of the SFP10-14 for use in the United Kingdom was published in [Health Education Research](#) in 2006. A summary of the paper is given below, and for reference, the full paper detailing the results can be found in Appendix 1.

The paper reports the first stage of the adaptation and evaluation of the SFP10–14 for the United Kingdom through a process of cultural accommodation of the SFP10–14 materials and format. Themes that emerged in nominal group and focus group research with young people and their parents indicated that changes to the US SFP10–14 materials needed to consider language, narrators, realism, acceptability of exercises/games, perceived religiosity and ethnic representativeness. However, not all changes reflected straightforward cultural differences, as adaptations were also required to improve the quality and to update the material, indicating that cultural accommodation does not necessarily imply cultural diversity.

The nominal group technique and focus group discussion results presented, constituted Phase I of the ongoing programme of research to adapt and test the US SFP10–14 for use in the United Kingdom. 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 should be adapted for use in the United Kingdom, while at the same time retaining essential ingredients of the effective US programme. 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 Phase II research. Findings of phase II of the research are presented next.

Composition of focus groups

Twenty-one parents/caregivers and sixteen young people participated in the focus groups.

Table 3 **Composition of focus groups**

	Mother	Father	Male Youth 10-14	Female Youth 10-14
Group 1 Barnsley	4	1 (foster father)	1	3
Group 2 Peterborough	3	1 (step-father)	2	1
Group 3 Oxford	4	2	2	3
Group 4 Chester	5	1	4	0
Totals	16	5	9	7

5.2 Exploratory pilot study of SFP10-14 (UK)

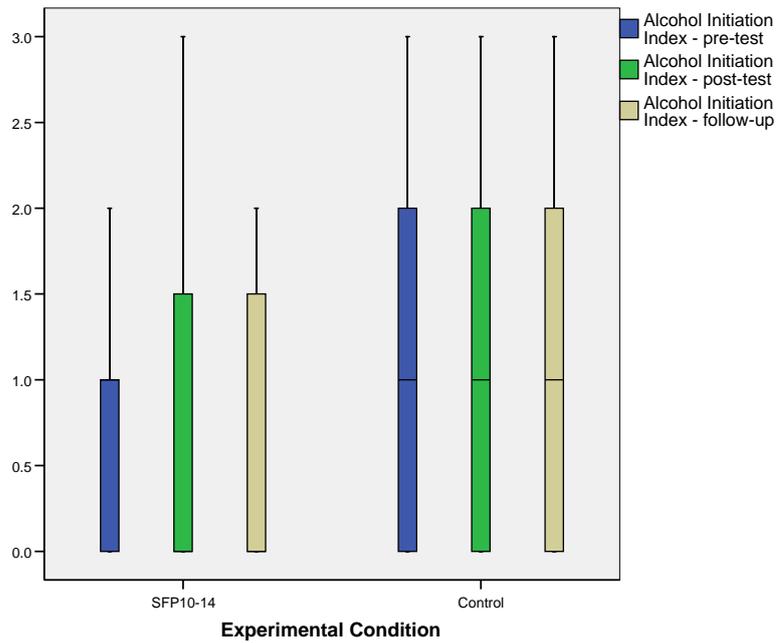
There were 23 parent/caregivers and 24 young people from the 3 sites in the SFP10-14 (UK) intervention group. There were 24 parent/caregivers and 22 young people from the 3 sites in the comparison (control) group.

5.2.1 Youth Behaviour

Drinking

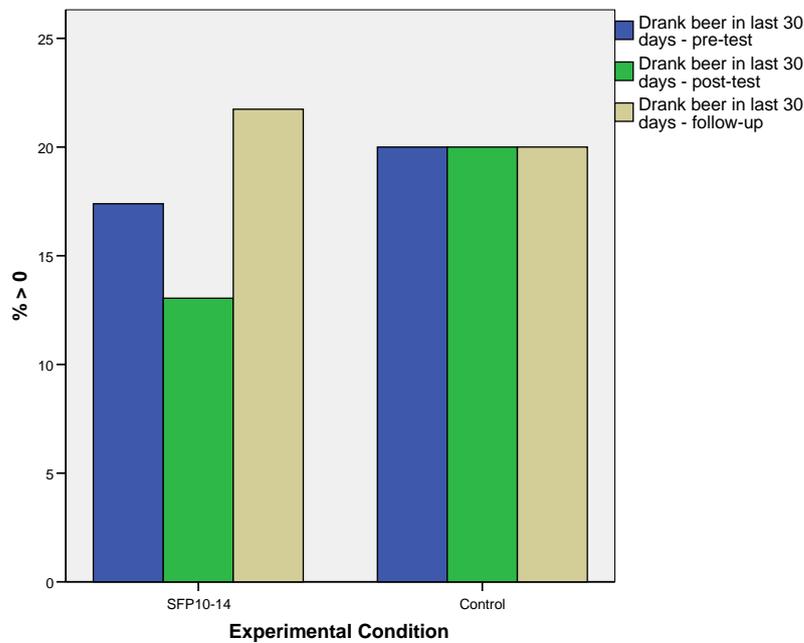
Behaviours reported here are (i) an alcohol initiation index calculated as the sum of three alcohol initiation questions (answering "yes" to any question received a score of 1, hence the possible range of the All score is 0-3; (ii) any drinking over the past 30 days (yes if score > 0); and (iii) binge drinking, recorded as positive ("yes", score > 0) if the respondent reported drinking 5 or more drinks in a row on any occasion over the previous 30 days. Other alcohol use measures are not reported because this Phase II study was not of sufficient follow-up duration for these measures to be usefully presented here. These measures include age of first drink.

Fig. 2 Proportion of young people who have initiated alcohol use, by experimental group



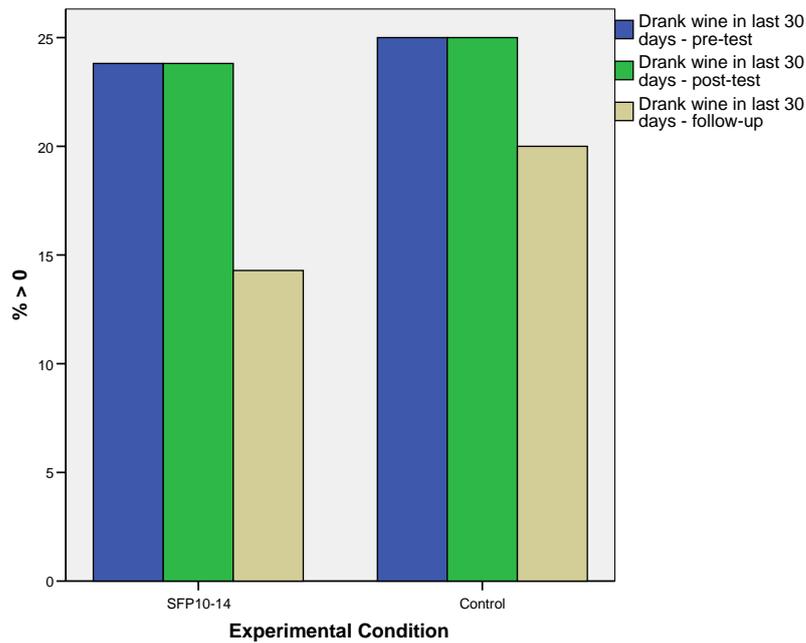
There are no clear differences in alcohol initiation between SFP10-14 (UK) and control groups according to follow-up stage (Figure 2).

Fig. 3 Proportion of young people who have drunk beer in the last 30 days, by experimental group



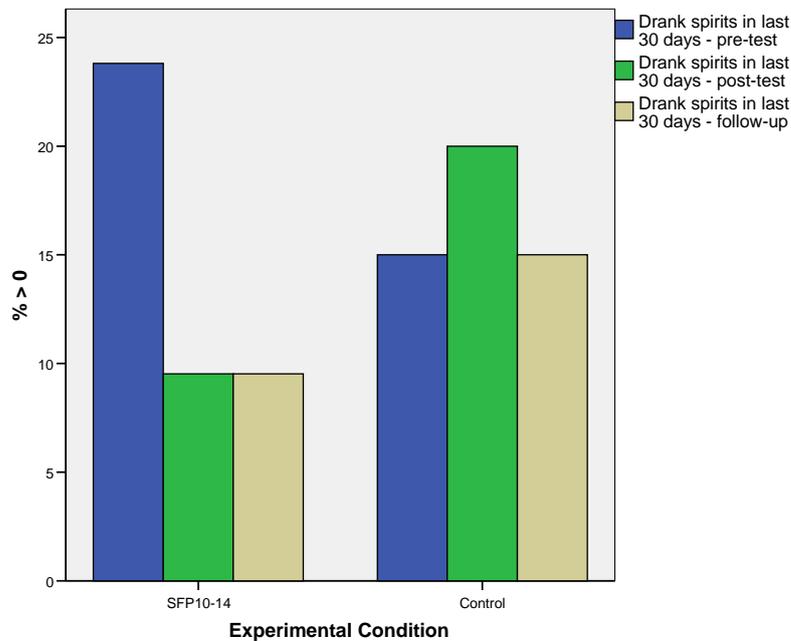
There are no clear differences in last 30-day beer drinking between SFP10-14 (UK) and control groups according to follow-up stage (Figure 3).

Fig. 4 Proportion of young people who have drunk wine in the last 30 days, by experimental group



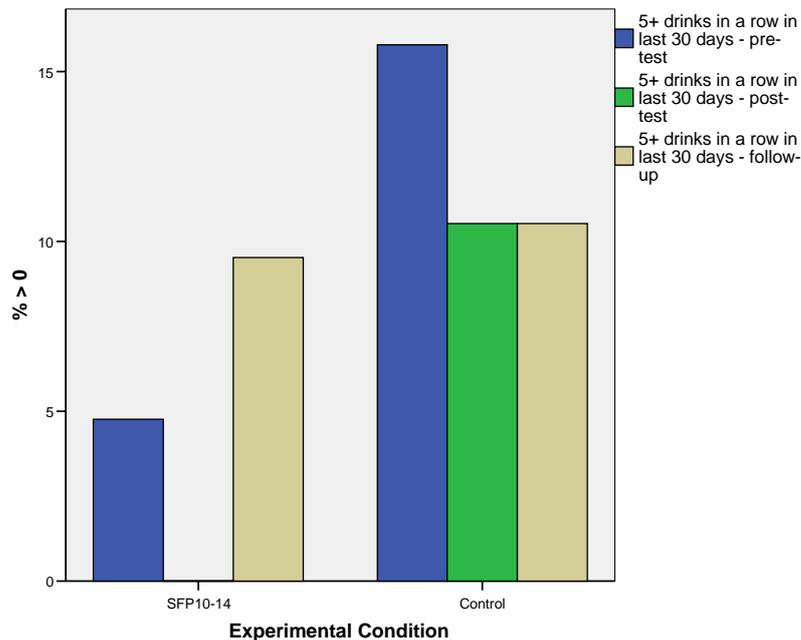
There are no clear differences in last 30-day wine drinking between SFP10-14 (UK) and control groups according to follow-up stage (Figure 4).

Fig. 5 Proportion of young people who have drunk spirits in the last 30 days, by experimental group



There is a c.15% reduction in the proportion of young people who have drunk spirits in the last 30 days in the SFP10-14 (UK) group, compared with little change in the control group (Figure 5).

Fig. 6 Proportion of young people who have had 5+ drinks in a row in the last 30 days, by experimental group



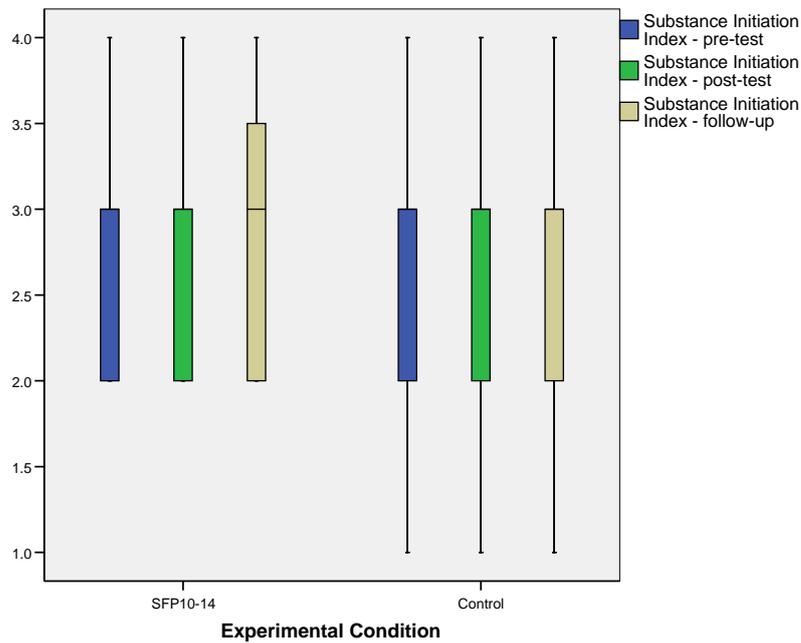
There has been a c.4% increase in the proportion of young people who have had 5+ drinks in a row in the last 30 days in the SFP10-14 (UK) group, compared with a c.5% decrease in the control group (Figure 6).

Overall, for alcohol measures, there has been little change in the SFP10-14 (UK) group compared with controls; there is no consistent patterning to the data and therefore fluctuations are likely to be random “noise” from low sample size and measurement issues.

Other substances

Reported here is a composite substance initiation index (SII), based on four questions about use of different substances (alcohol, cigarettes, cannabis, ecstasy). We also collected information on how many times respondent's had tried alcohol, tobacco, tranquillizers/sedatives (non-prescription), amphetamines, LSD/hallucinogens, crack, cocaine, heroin (smoked), heroin (injected), ecstasy, magic mushrooms, any injected drugs, alcohol with pills, alcohol and cannabis, sniffed alcohol, inhalants, and anabolic steroids. We also asked at what age respondent's had first used any of these substances if they had used them. Results of these outcomes are not presented here because the prevalence of all was very low and did not change between time points in this Phase II study.

Fig. 7 Proportion of young people who have initiated substance use in the last 30 days, by experimental group

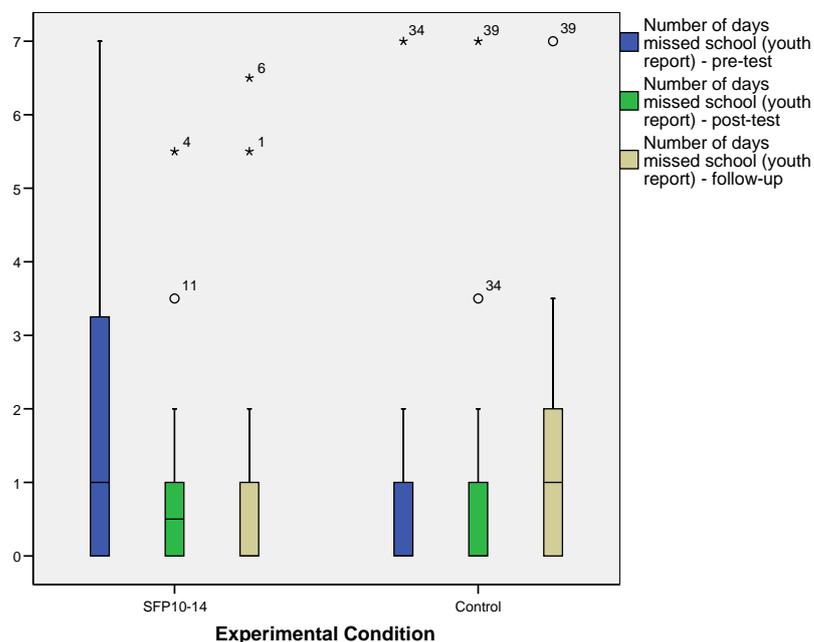


There are no clear differences in last 30-day substance use initiation between SFP10-14 (UK) and control groups according to follow-up stage (Figure 7).

School absence

This composite measure combines three questions on school days missed over the past 30 days, and is calculated as the number of days. The three questions refer to school days missed because of illness, because of skipping school, and for other reasons.

Fig. 8 Number of school days missed in the last 30 days, by experimental group

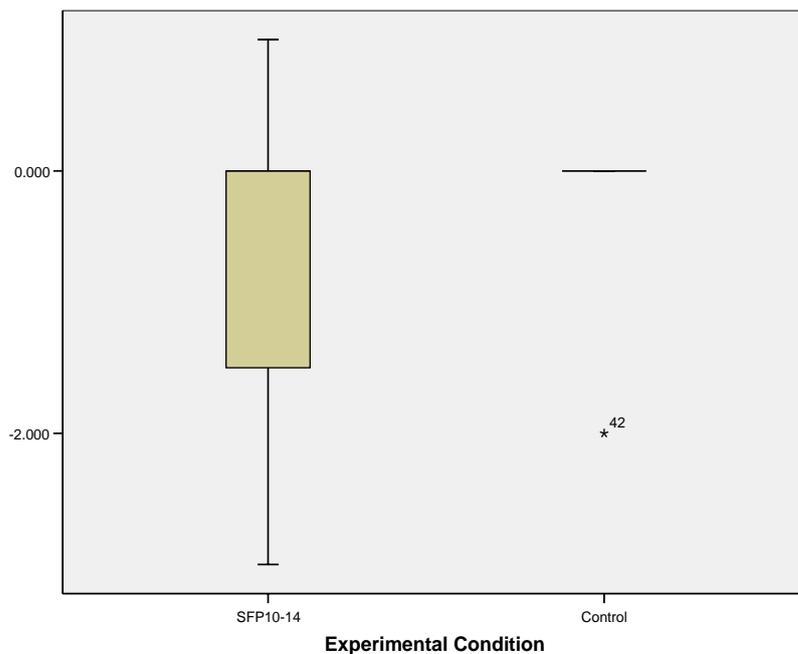


There is a clear downward trend in school absence in the SFP10-14 (UK) group compared with the control group: a reduction in median value associated with fewer absences of 2 or more days.

Aggressive and destructive conduct

This is a composite (sum) measure of behaviours related to laws and rules. Respondents were asked how many times over the past 12 months they had: beat someone up or physically fought with someone because they made you angry (other than just playing around); purposely damaged or destroyed property that did not belong to them; broken into or tried to break into a building just for fun or to look around; and thrown objects such as rocks or bottles at people to hurt or scare them. In this Phase II study we have calculated this scale as the difference between baseline and follow-up scores.

Fig. 9 Adolescent reported index of aggressive and destructive conduct (follow-up – baseline score), by experimental group

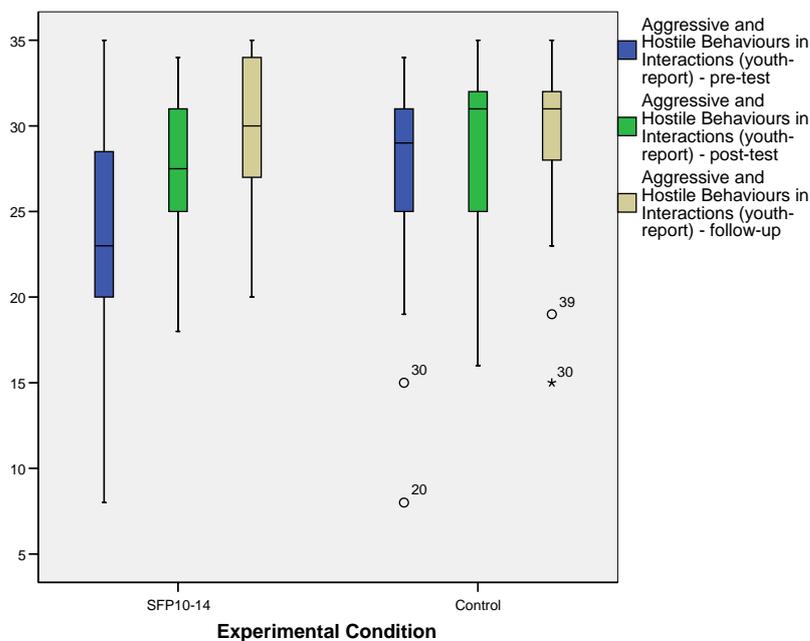


There is a noticeable reduction in self-reported aggressive and destructive conduct in the SFP10-14 (UK) group compared with controls (Figure 9).

Aggressive and hostile behaviour in interactions

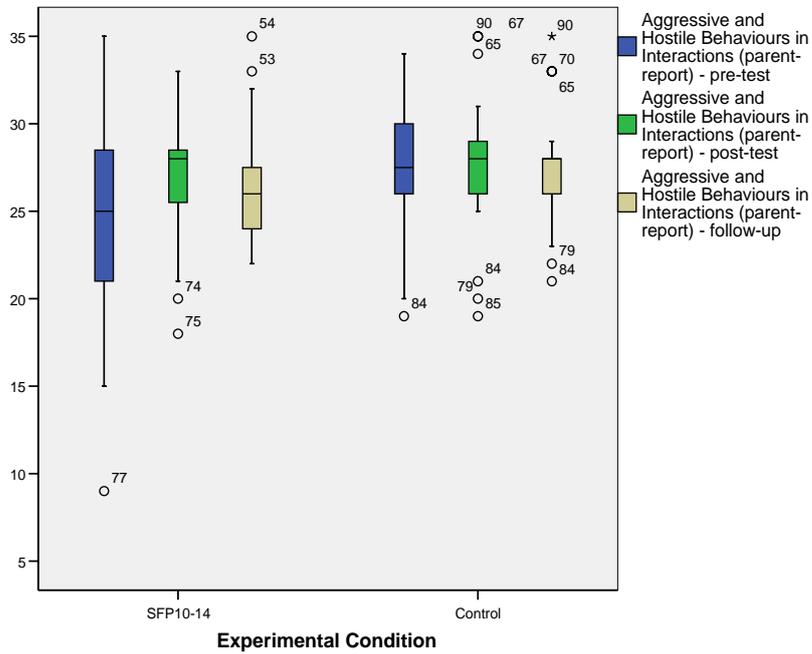
For both youth and parents five questions asked how often during the past month did the youth, during parent-child interactions: get angry with the parent; criticize the parent; shout at the parent; hit or push the parent; argued with the parent if there has been a disagreement. Each question was scored on a seven point scale of increasing frequency and the individual questions summed to give a composite measure with a high score indicating more aggressive and hostile behaviours.

Fig. 10 Aggressive and hostile behaviour in interactions (Youth report), by experimental group



There is a slight upward trend in the SFP10-14 (UK) group for youth reports of aggressive and hostile behaviour in interactions over the course of the study (Figure 10). This may reflect a less permissive / laissez-faire parenting style post SFP-10-14 (UK).

Fig. 11 Aggressive and hostile behaviour in interactions (*Parent report*), by experimental group



Interestingly, there was little perceived change, over time and compared with controls, in parent perceptions of aggressive and hostile behaviours in interactions (Figure 11).

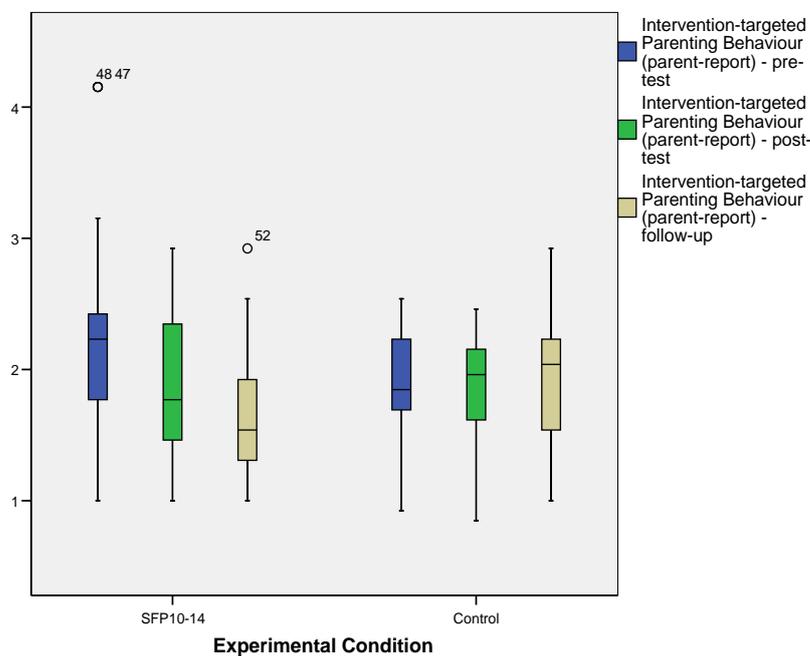
Overall, there is some suggestion that exposure to SFP10-14 (UK) is associated with a perception by young people, but not by parents, of increased hostility in interactions.

5.2.2 Family Measures

Intervention-targeted parenting behaviour (parent report)

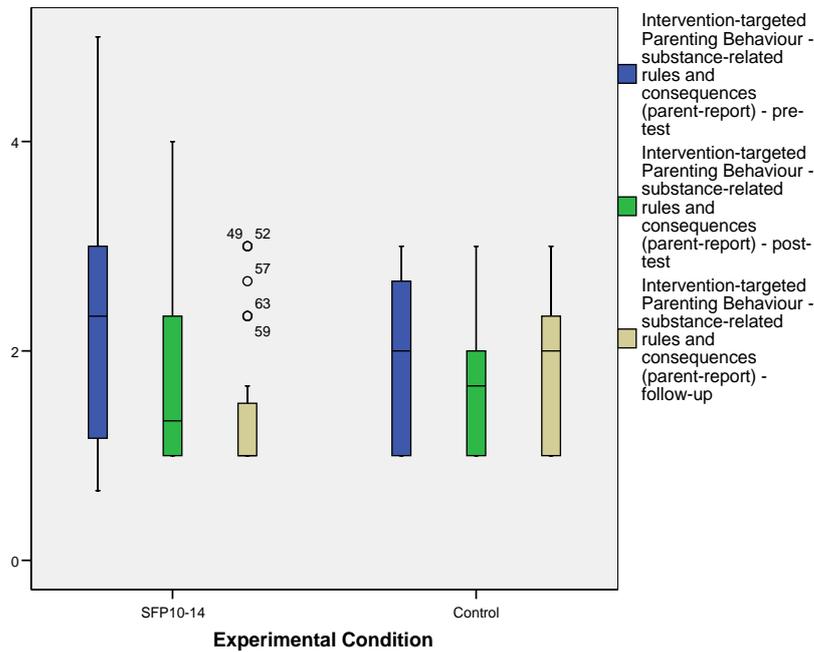
This is a 13-item scale with each item scored 1 to 5 according to the respondents' level of agreement with the item statement (see questionnaire for items). The scale score is calculated as the mean of the 13 items and a higher score indicates positive parenting skills. There are four subscales: substance-related rules and consequences; involvement with child; anger management; and intervention (SFP10-14 (UK)) specific communication.

Fig. 12 Intervention-targeted parenting behaviour (parent report), by experimental group



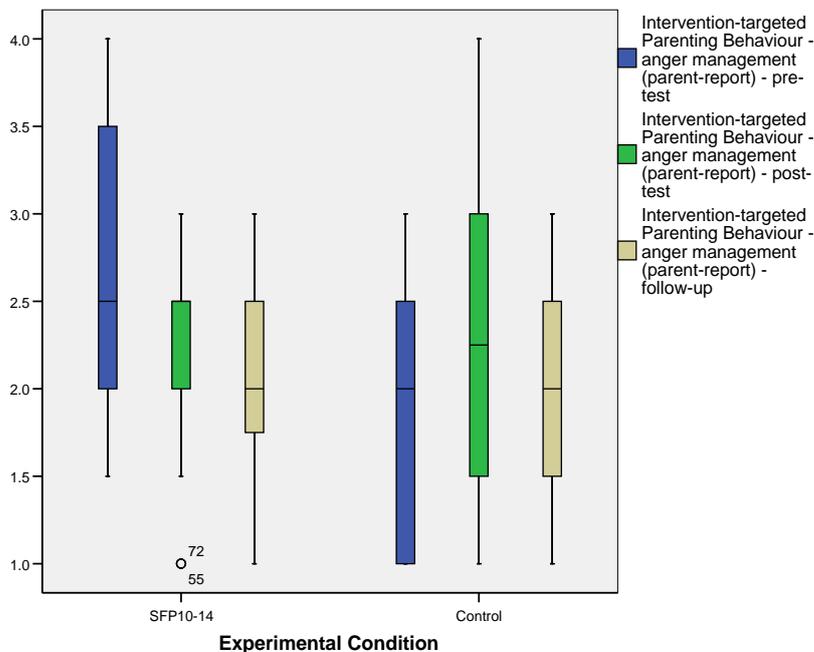
There was little change in overall intervention-targeted parenting behaviour according to follow-up or experimental group (Figure 12), although a slight downward trend (worse parenting) is arguably discernible in the SFP10-14 (UK) group over time. This is difficult to interpret, as one would expect there to be an improvement in such parenting behaviour over time compared with controls. It may simply be random fluctuation or could, hypothetically, reflect an increased self-awareness of inadequacies in parenting behaviour following the SFP10-14 (UK) exposure.

Fig. 13 Intervention-targeted parenting behaviour – substance related rules and consequences (parent report), by experimental group



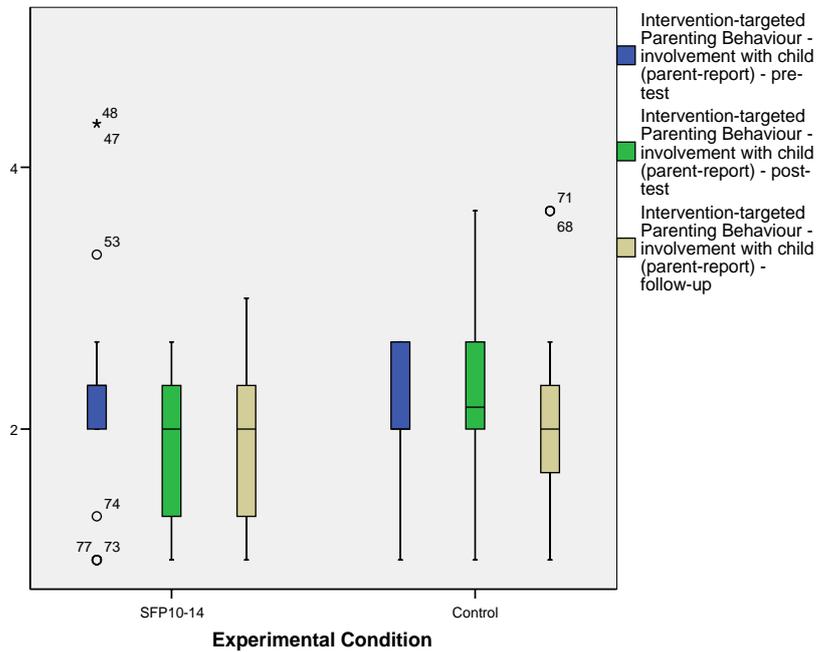
There was little change in substance-related rules and consequences, as reported by parents, according to follow-up or experimental group (Figure 13).

Fig. 14 Intervention-targeted parenting behaviour – anger management (parent report), by experimental group



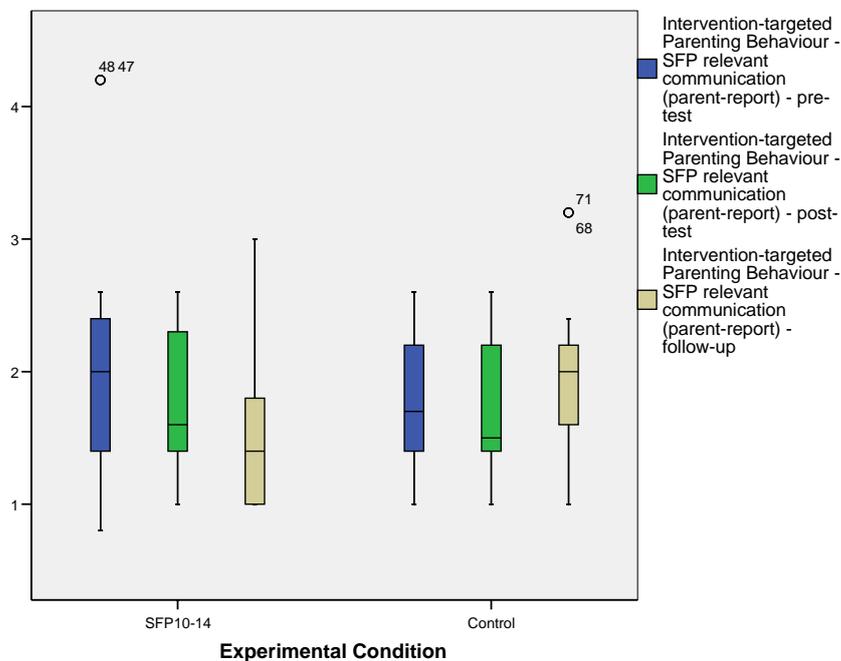
There was little evidence of change in anger management, as reported by parents, according to follow-up or experimental group (Figure 14).

Fig. 15 Intervention-targeted parenting behaviour – involvement with child (parent report), by experimental group



There was little change in child involvement behaviour, as reported by parents, according to follow-up or experimental group (Figure 15).

Fig. 16 Intervention-targeted parenting behaviour – SFP10-14 (UK) relevant communication (parent report), by experimental group



There was little change in SFP10-14 (UK) relevant communications, as reported by parents, according to follow-up or experimental group (Figure 16).

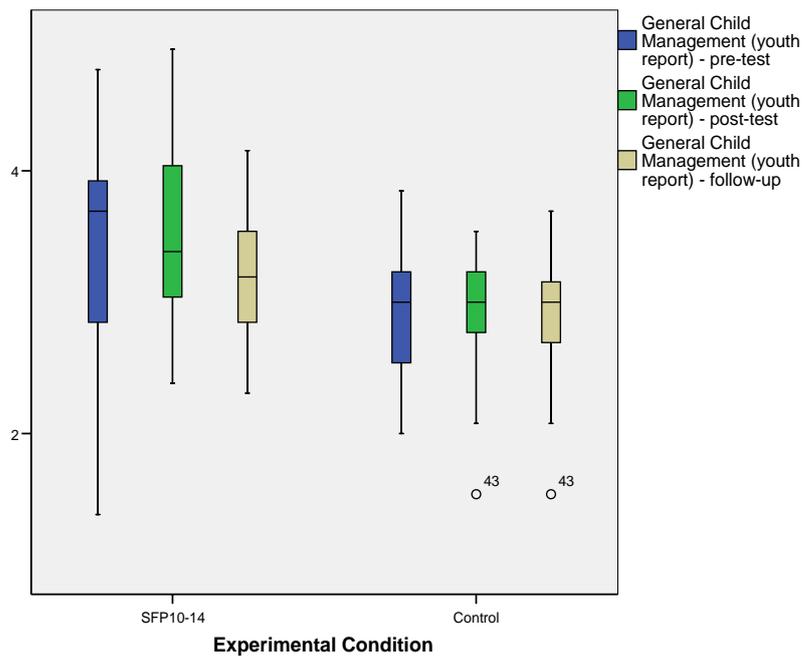
Overall, there is a consistent pattern of poorer parenting post-SFP10-14 (UK) compared with controls, though this is a very small, probably trivial, change and

could be due to random fluctuation or, hypothetically, represent an increased awareness of parenting behaviour post-SFP10-14 (UK).

General child management (youth report)

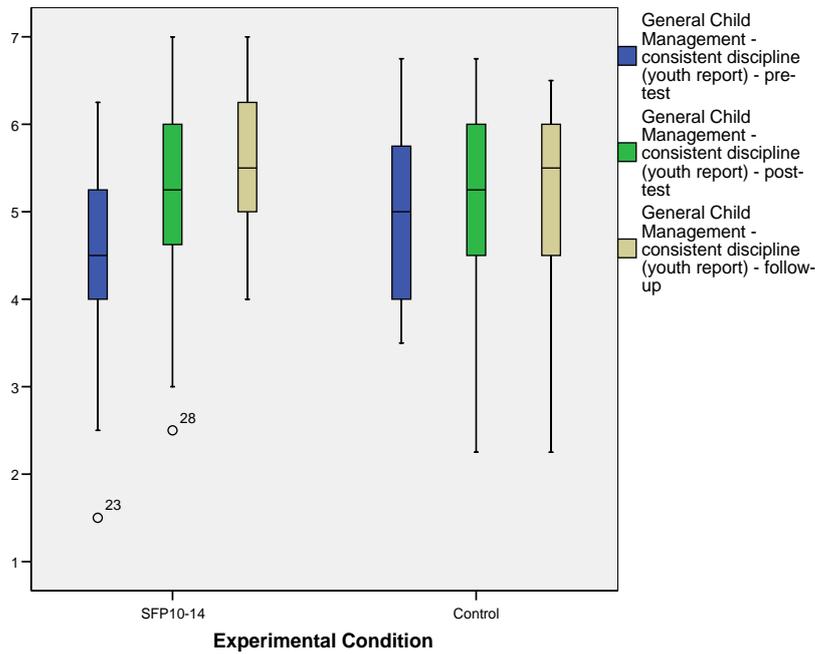
This is a 13-item scale with each item scored 1-7 according to frequency of occurrence (see questionnaire for items). The scale score is calculated as the mean of the 13 items and a higher score indicates positive parenting skills. There are three subscales: consistent discipline; standard setting; and child monitoring.

Fig. 17 General child management (youth report), by experimental group



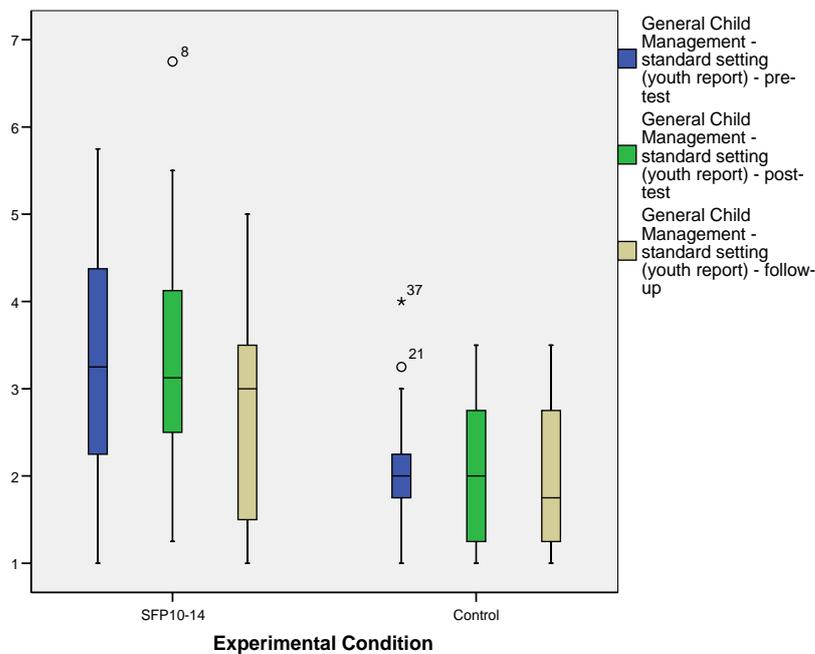
There was little change in general child management, as reported by the child, according to follow-up or experimental group (Figure 17).

Fig. 18 General child management – consistent discipline (youth report), by experimental group



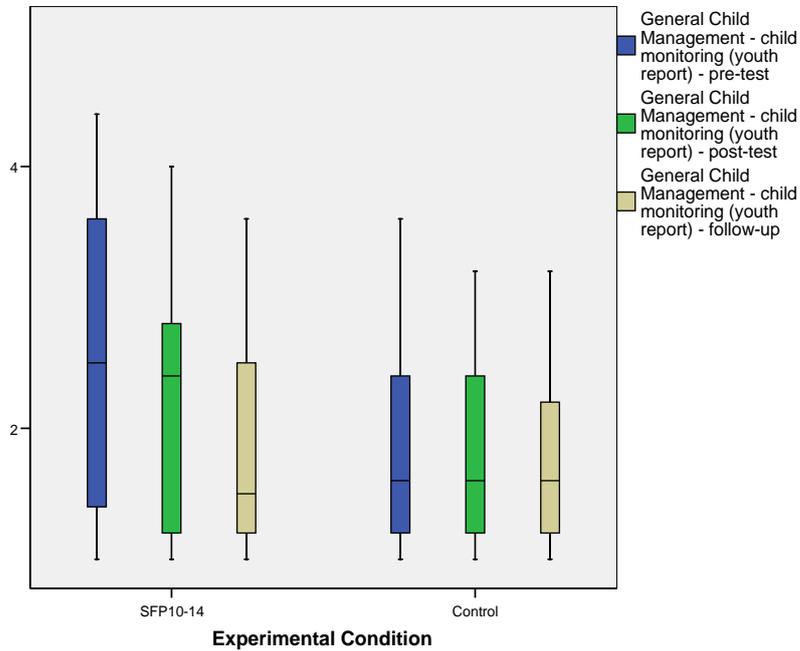
There was a slight upward trend, possibly showing improved consistent discipline scores, associated with the SFP10-14 (UK) intervention (Figure 18).

Fig. 19 General child management – standard setting (youth report), by experimental group



There was little change in standard setting, as reported by youth, according to follow-up or experimental group (Figure 19).

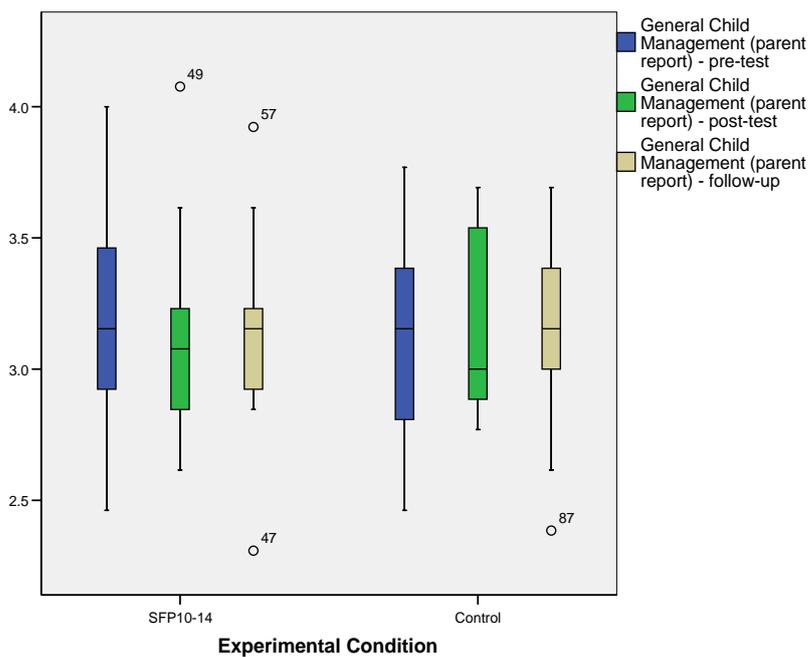
Fig. 20 General child management – child monitoring (youth report), by experimental group



There was little change in child monitoring, as reported by youth, according to follow-up or experimental group (Figure 20).

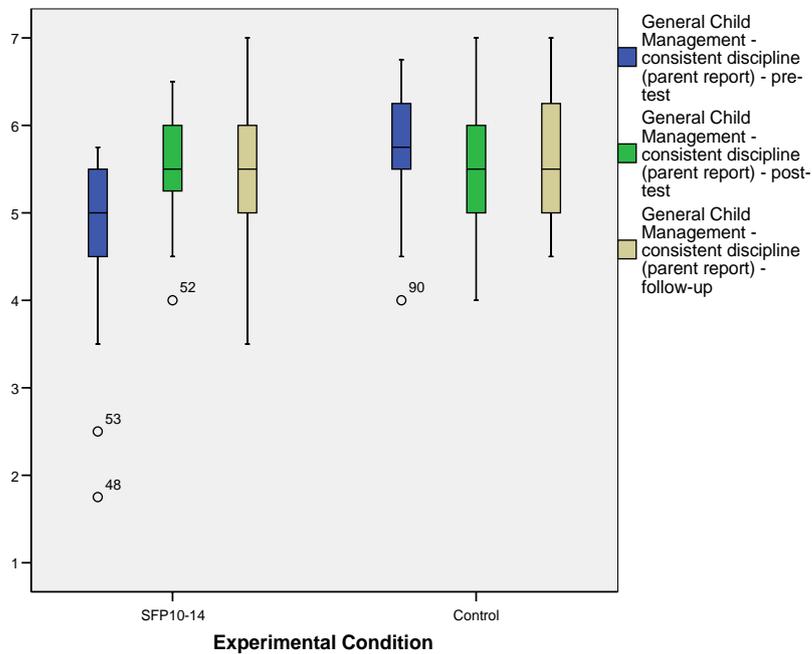
General child management (parent report)

Fig. 21 General child management (parent report), by experimental group



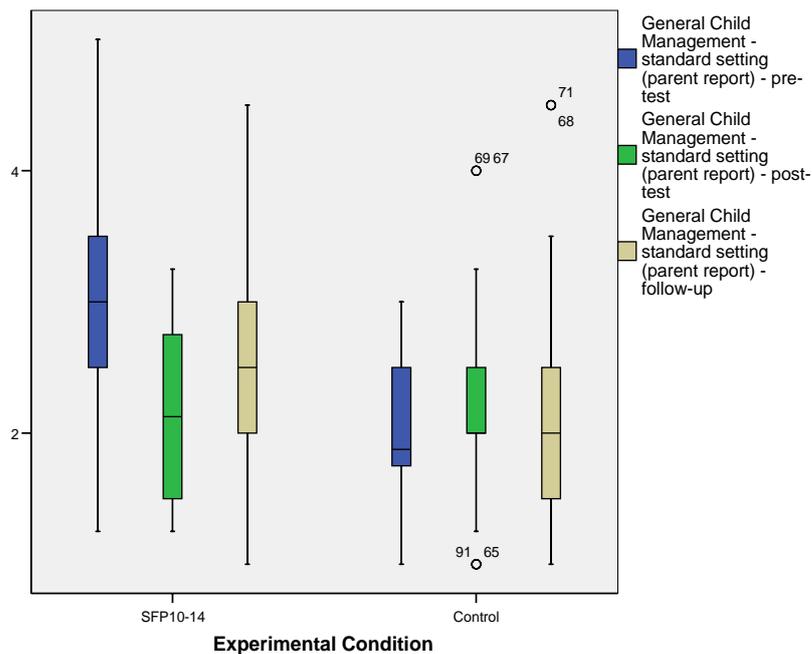
There was little change in general child management, as reported by parents, according to follow-up or experimental group (Figure 21).

Fig. 22 General child management – consistent discipline (parent report), by experimental group



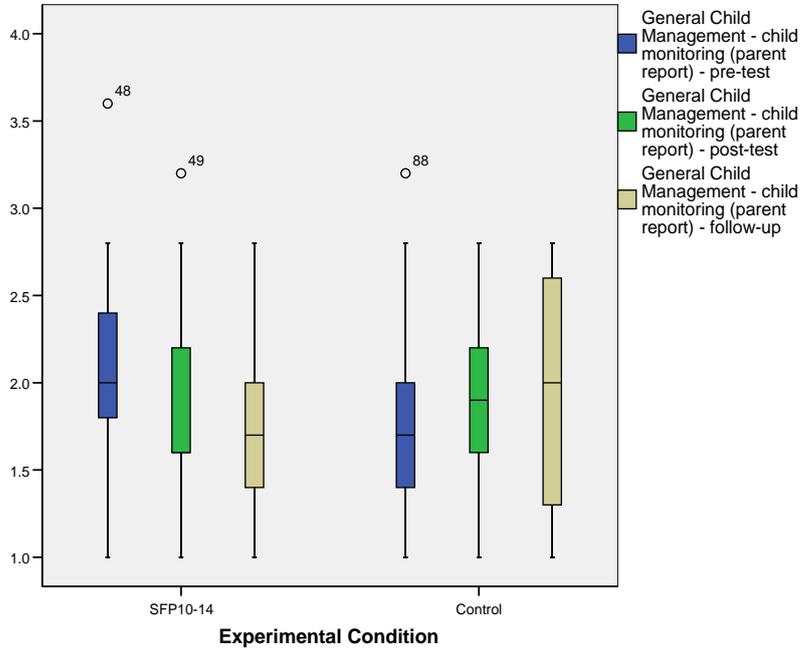
There was little change in consistent discipline, as reported by parents, according to follow-up or experimental group (Figure 22).

Fig. 23 General child management – standard setting (parent report), by experimental group



There was little change in standard setting, as reported by parents, according to follow-up or experimental group (Figure 23).

Fig. 24 General child management – child monitoring (parent report), by experimental group



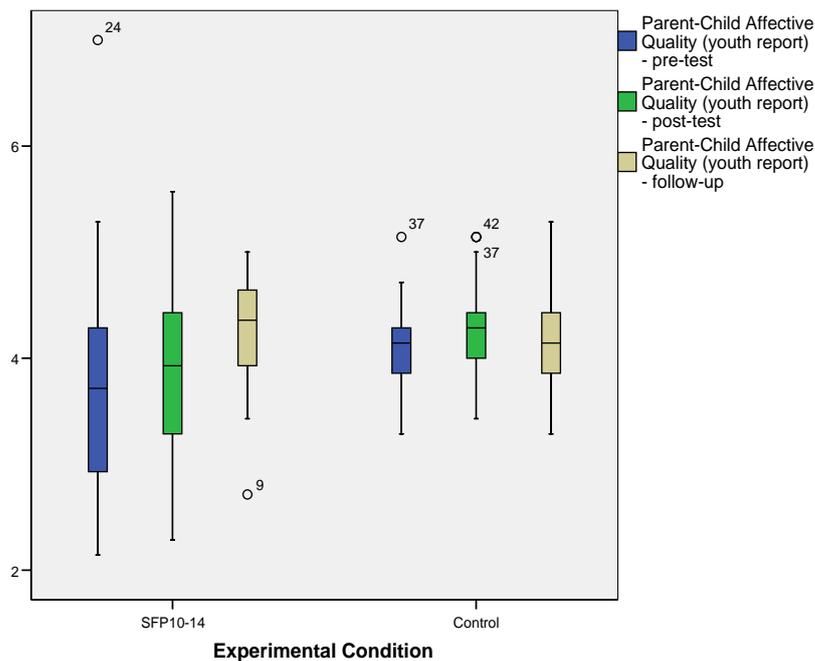
There was little change in child monitoring, as reported by parents, according to follow-up or experimental group (Figure 23).

Overall, there is no noticeable change in general child management, reported by parents or youth, associated with the SFP10-14 (UK) intervention.

Parent-child affective quality (youth report)

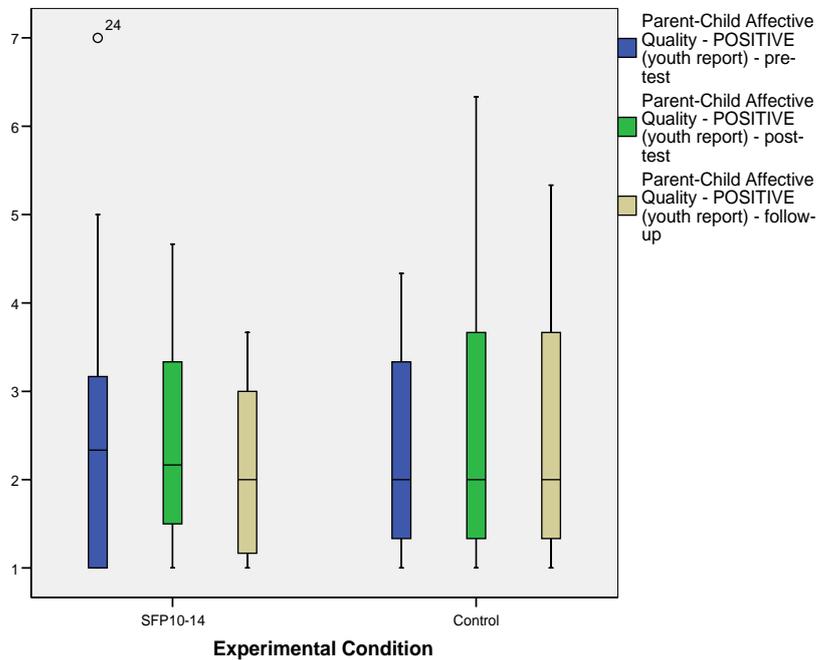
This is a 7-item scale with each items scored 1-7 for data analysis. See questionnaire for scale items. The scale score is the mean of the 7 items, and higher scores correspond to positive parenting skills. There are two subscales: positive parent-child affective quality; and negative parent-child affective quality. Positive and negative refer to positive parenting (e.g. praise, affection) and negative parenting (e.g. anger, shouting).

Fig. 25 Parent-child affective quality (youth report), by experimental group



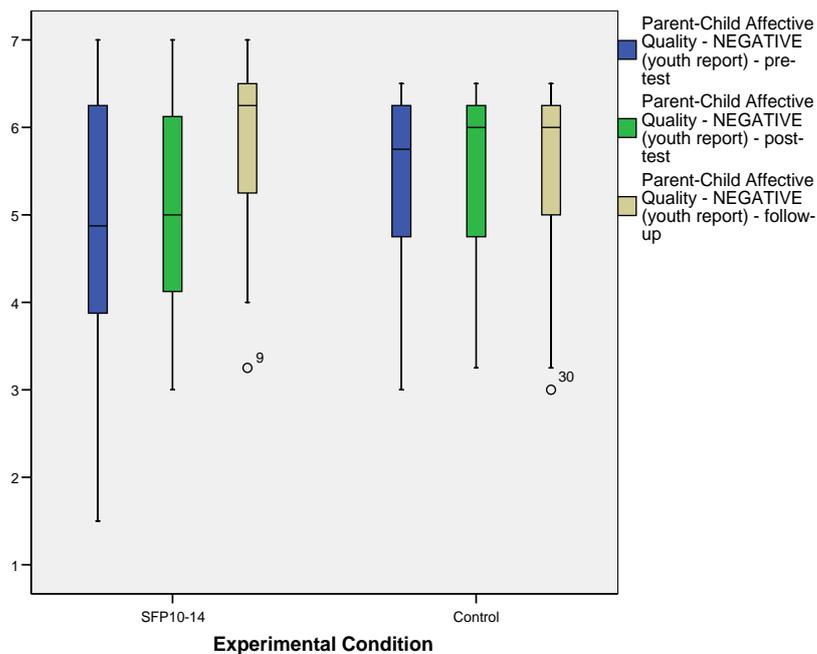
There was little change in parent-child affective quality, as reported by youth, according to follow-up or experimental group (Figure 25).

Fig. 26 Parent-child affective quality – POSITIVE (youth report), by experimental group



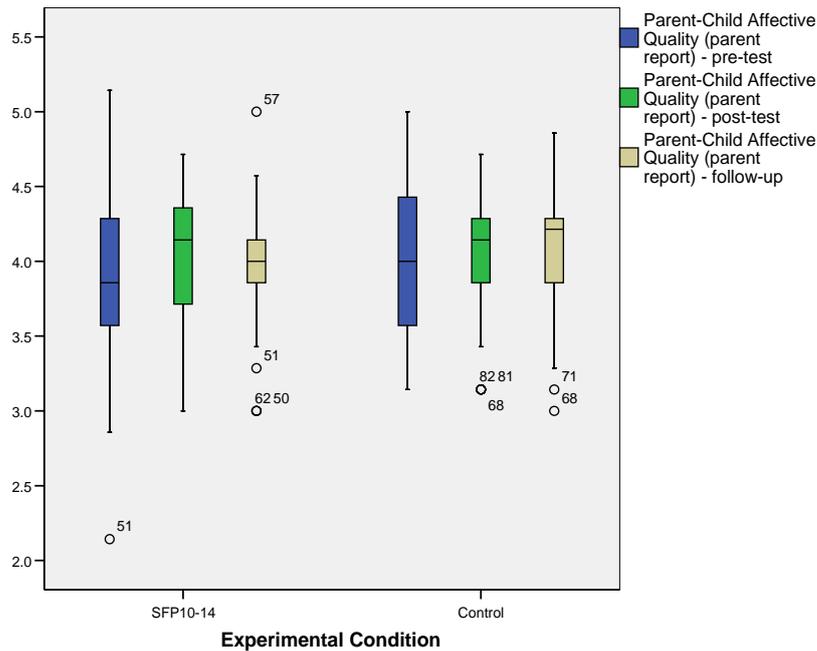
There was little change in positive parent-child affective quality, as reported by youth, according to follow-up or experimental group (Figure 26).

Fig. 27 Parent-child affective quality - NEGATIVE (youth report), by experimental group



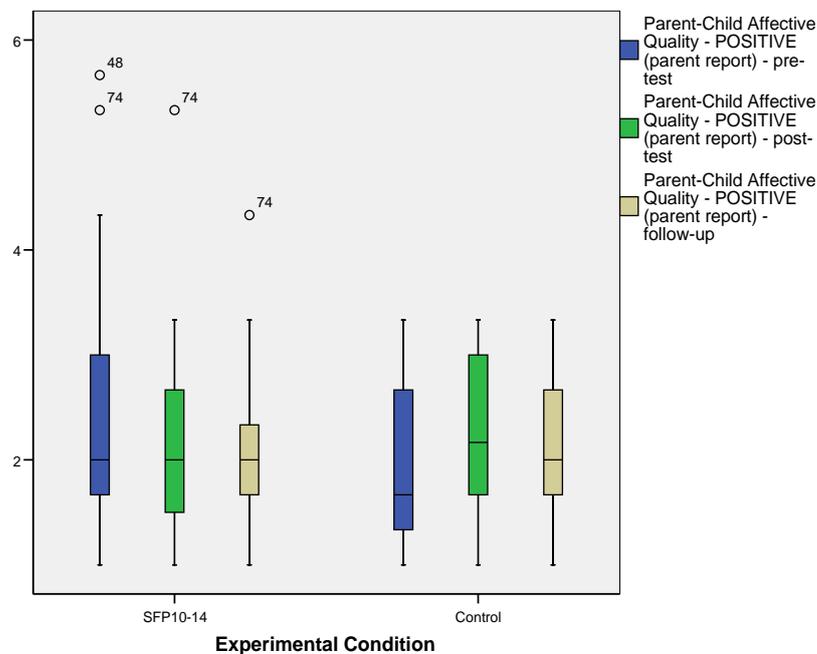
There was a slight upward trend in negative parent-child affective quality, as reported by youth, according to follow-up or experimental group (Figure 27).

Fig. 28 Parent-child affective quality (parent report), by experimental group



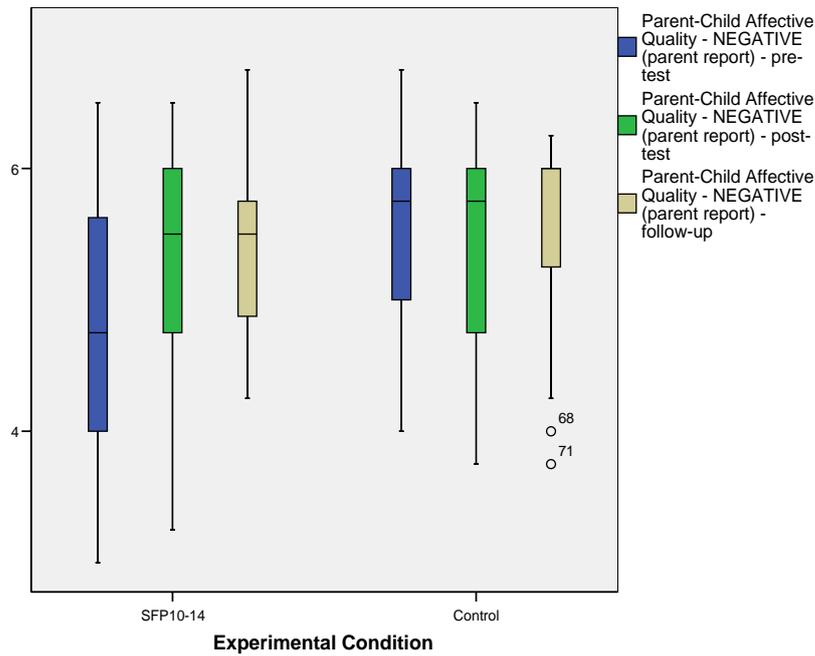
There was little change in parent-child affective quality, as reported by parents, according to follow-up or experimental group (Figure 28).

Fig. 29 Parent-child affective quality - POSITIVE (parent report), by experimental group



There was little change in positive parent-child affective quality, as reported by parents, according to follow-up or experimental group (Figure 29).

Fig. 30 Parent-child affective quality - NEGATIVE (youth report), by experimental group



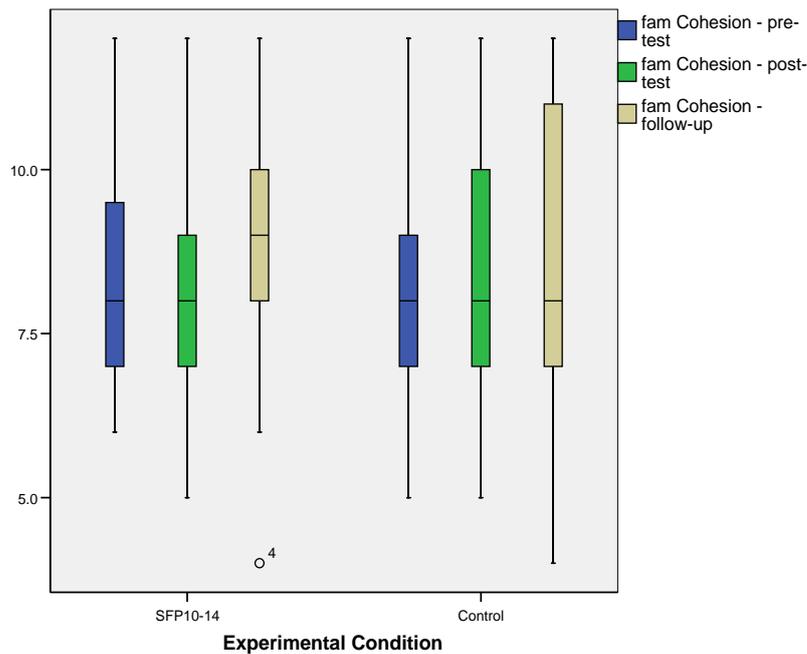
There was a slight upward trend in negative parent-child affective quality, as reported by youth, according to follow-up or experimental group (Figure 30).

Overall, there was little change in parent-child affective quality associated with the SFP10-14 intervention over the period of the study. There is one possible trend: a slight increase in negative parent-child affective quality, reflecting increased anger and shouting in interactions.

Family Life Questionnaire (FLQ)

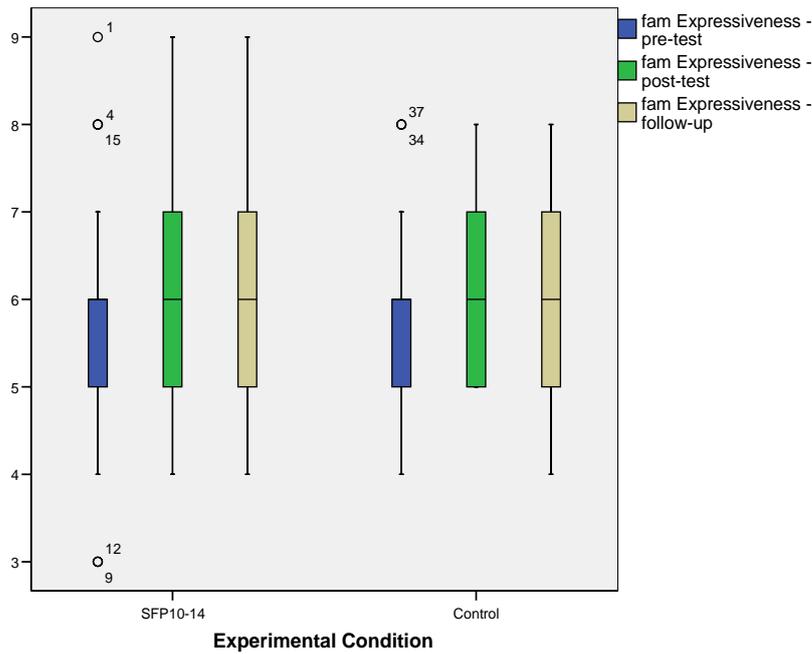
This is a 20-item questionnaire comprising five subscales and two dimensions of family life. These are cohesion, expressiveness and conflict (family support) and authoritarian and laissez-faire (family control). There are five items per subscale with higher scores indicating higher support (higher cohesion and expressiveness, lower conflict) and higher control (more authoritarian and lower laissez-faire family life). See questionnaire for scale items

Fig. 31 FLQ cohesion (youth report), by experimental group



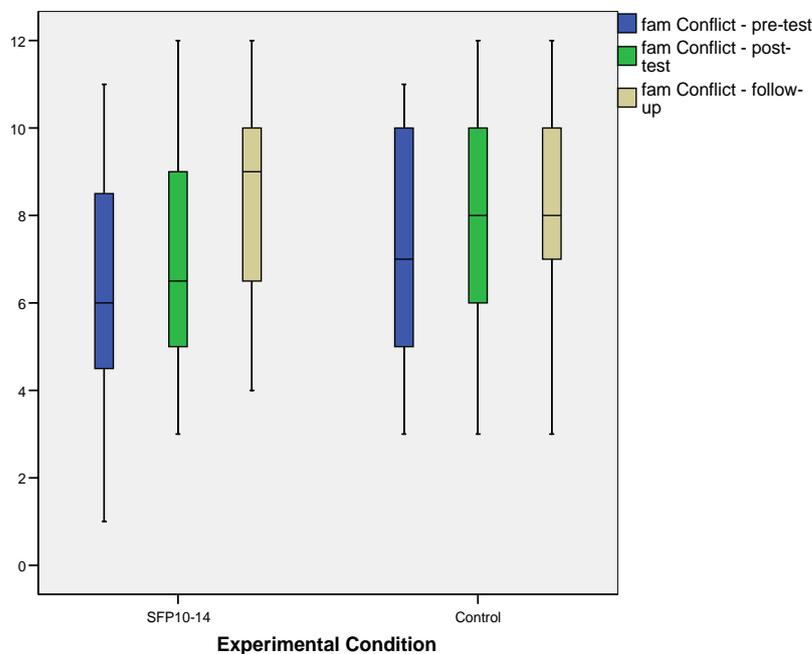
There was little change in family cohesion, as reported by youth, according to follow-up or experimental group (Figure 31).

Fig. 32 FLQ expressiveness (youth report), by experimental group



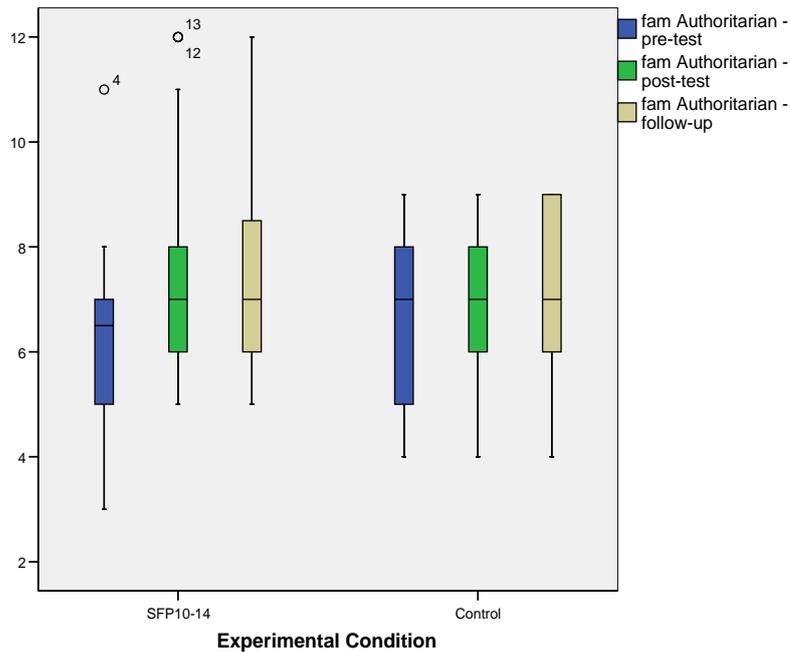
There was little change in family expressiveness, as reported by youth, according to follow-up or experimental group (Figure 32).

Fig. 33 FLQ conflict (youth report), by experimental group



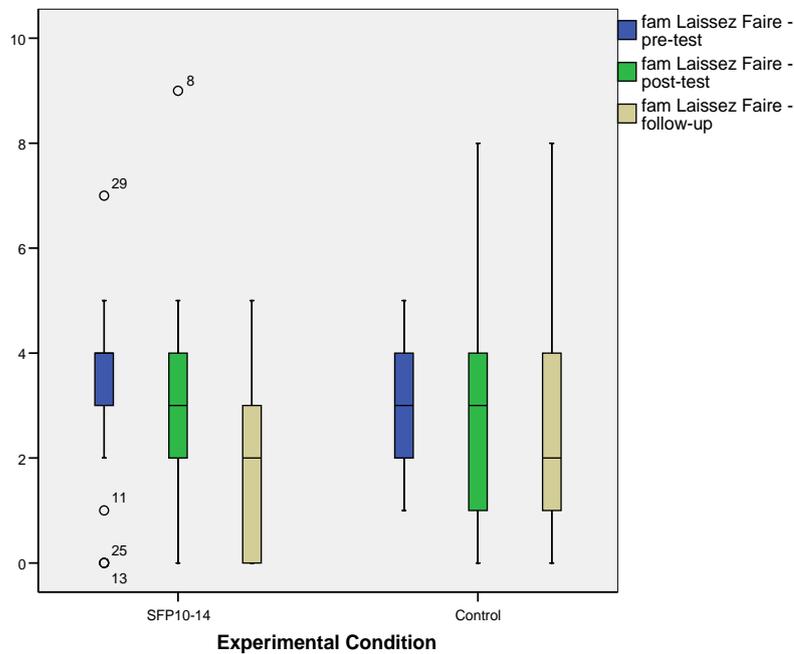
There was a slight trend of reduction in family conflict (high scores: lower conflict), as reported by youth, associated with the SFP10-14 (Figure 33).

Fig. 34 FLQ authoritarian (youth report), by experimental group



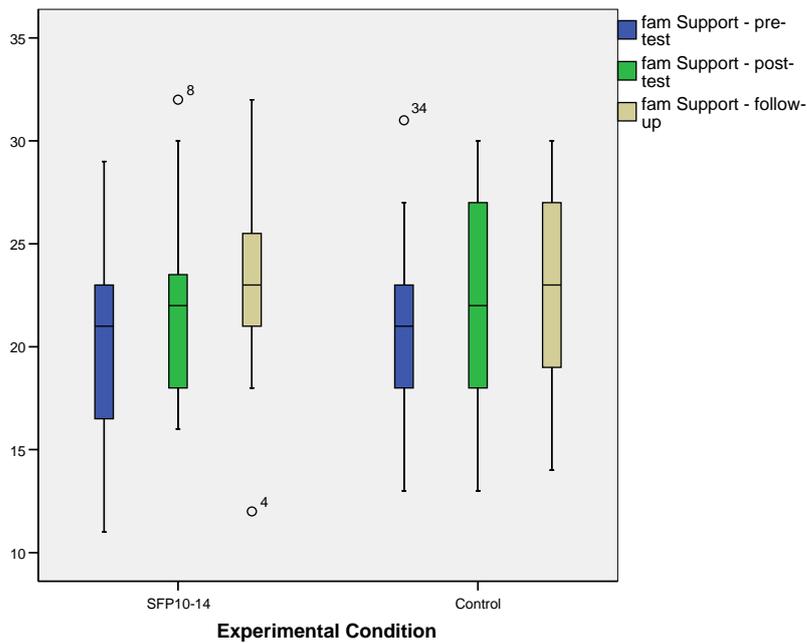
There was little change in authoritarian family life, as reported by youth, according to follow-up or experimental group (Figure 26).

Fig. 35 FLQ laissez-faire (youth report), by experimental group



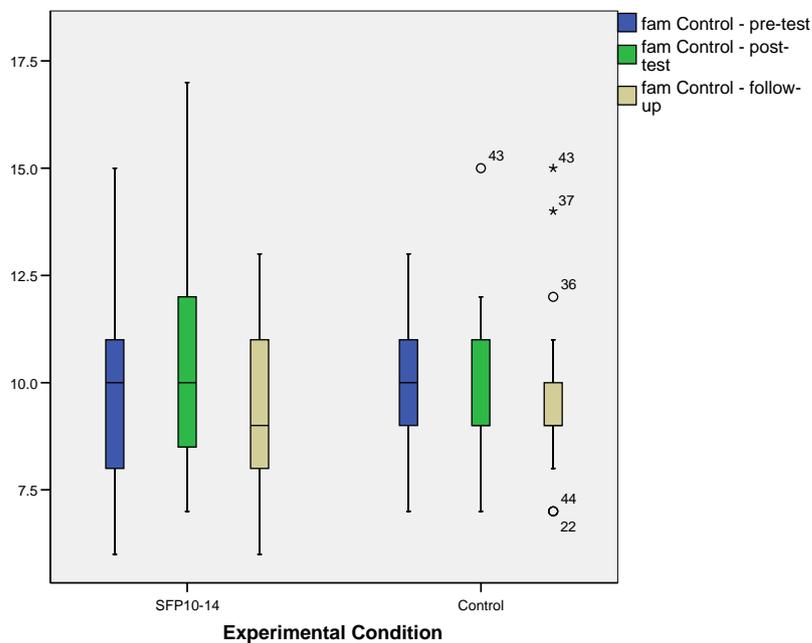
There was a slight trend of increased laissez-faire family life (low score: higher laissez-faire environment), as reported by youth, associated with the SFP10-14 intervention (Figure 35).

Fig. 36 FLQ support (youth report), by experimental group



There was a slight upward trend associated with increased family support, associated with the SFP10-14 intervention (Figure 36).

Fig. 37 FLQ control (youth report), by experimental group



There was little change in overall family control, as reported by youth, according to follow-up or experimental group (Figure 37).

Overall, there are no clear or consistent patterns of change in supportive or controlling family environment associated with the SFP10-14 (UK), though there is a slight indication that youth perceive a slightly more supportive family environment,

associated with lower conflict, alongside a slightly more laissez-faire family environment.

5.2.3 Summary of findings

Overall, there are 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. This is unsurprising given the small sample size, imperfect measures and non-random allocation method used in the study. Because of these limitations we have not undertaken any inferential statistical analyses. Data is presented in the form of box plots and interpretation of trends is offered.

The main points from the data analysis are summarised below:

- Overall, for alcohol measures, there was little change in the SFP10-14 (UK) group compared with controls; there is no consistent patterning to the data and therefore fluctuations are likely to be random “noise” due to small sample size and measurement issues
- There are no clear differences in last 30-day substance use initiation between SFP10-14 (UK) group and control group over time
- There is a clear downward trend in school absence in the SFP10-14 (UK) group compared with the control group: a reduction in median value associated with fewer absences of two or more days
- There is a noticeable reduction in self-reported aggressive and destructive conduct in the SFP10-14 (UK) group compared with controls
- Overall, there is some suggestion that exposure to SFP10-14 (UK) is associated with a perception by young people (but not by parents) of increased hostility in interactions
- Overall, there is a consistent pattern of poorer intervention-targeted parenting behaviour post-SFP10-14 (UK) compared with controls, though this is a very small, probably trivial, change and could be due to random fluctuation or, hypothetically, represent an increased awareness of parenting behaviour post-SFP10-14 (UK)
- Overall, there is no noticeable change in general child management, reported by parents or youth, associated with the SFP10-14 (UK) intervention
- Overall, there was little change in parent-child affective quality associated with the SFP10-14 (UK) intervention over the period of the study. There is one possible trend: a slight increase in negative parent-child affective quality, reflecting increased anger and shouting in interactions
- Overall, there are no clear or consistent patterns of change in supportive or controlling family environment associated with the SFP10-14 (UK), though there is a slight indication that youth perceive a slightly more supportive family environment, associated with lower conflict, alongside a slightly more laissez-faire family environment

In conclusion, the pilot field testing results show no consistent patterning, with some measures indicating, for example, increased anger, shouting and hostility in parent-child interactions and other measures showing lower levels of family conflict post-intervention. Therefore it is likely that any “trends” or changes are simply random fluctuations in the data associated with low sample size, sampling and measurement issues. This part of the study has not provided any definitive information regarding the potential positive impact of the SFP10-14 (UK). Therefore, it could be argued, that the results of this study indicate that the SFP10-14 (UK) is not likely to be effective in the UK, because there are no clear and consistently positive trends in the

data post-implementation. We would caution against this interpretation because we have not been able to compare the post-implementation scores in this study with post-implementation scores in other studies. In Spoth et al (2001a; Spoth et al 2001b) no pre-post implementation scores were available to provide a comparison because in the study the post-implementation scores were treated as baseline scores for the purpose of longer-term follow-ups. Moreover, in the Spoth (ibid.) study differences for some outcome behaviours were not clearly noticeable until two to three years post-intervention, reflecting the developmental and cumulative impact of the intervention.

5.3 Qualitative findings

16 adults and 14 young people participated in the focus groups. Names of participants have been changed to maintain confidentiality. Feedback from parents, carers and young people was overwhelmingly positive. The following key themes have been selected for the summary:

5.3.1 Parent/carer evaluation

Expectations and reasons for attending the SFP10-14 (UK)

Parents were asked to think back to the start of the SFP10-14 and to recall what their expectations were regarding the programme. Some participants commented that they did not have any idea what to expect, while others identified a particular aspect of the programme. What became clear during analysis of the data was that the important aspect of the programme for many parents/guardians was not necessarily to do with drug and alcohol prevention, but more to do with 'strengthening families':

"I didn't have any expectations. I didn't know ... I hadn't got a clue really what it would be like"

"Not really the alcohol bit. No. It weren't about that at all really. The strengthening families bit was interesting"

Some participants were quite specific about an event or changes that were occurring within the family that made them concerned about maintaining a close and supportive family:

"Well it was the strengthening families bit. Obviously the drugs and alcohol too. X is 13 now and he has obviously seen some of that, but at the time it was the strengthening families thing. And I always thought we had quite a good relationship going and we did spend lots of time together just me and him, but our family was going through lots of changes obviously because his brother is off and about and doing his own thing and I just thought you know if that is changing then we need to find ways to deal with other things because he might be wanting to do things that his older brother were doing. You know just to sort of keeping you know – to keep that relationship going"

"It wasn't that easy the last three years. Y's dad passed away. Y lost her granddad and I also lost a very good friend and you know we were a close unit and it is trying to keep that sort of unity together you know. Obviously being there for one another as husband and wife but also being there for Y as parents. So when she has got problems there or if she says she has had a rough day at school we try to advice her"

Some participants identified that they felt uncomfortable initially and questioned why they were attending the programme. One participant thought this was a gender related issue:

“I just thought it seemed like a waste of time. I suppose that is the way that men think. And I must admit at first – the five minutes I was there I was thinking well I am in the wrong place here. Thinking that it was for juvenile delinquents basically. And then I slowly got into realising that it is a benefit to both me and Z and our family. And not what I originally thought which it was a waste of time. We don’t need other people to tell us how to bring our kids up. That is what I thought first off. That was my view”

Other participants wanted to attend the programme because of past relationships. They felt that they could learn different and perhaps more appropriate ways to manage challenging issues that can frequently occur during the adolescent years.

“Well I didn’t want to go down the same path with R as I have done with S. And it was that that I came for. Somewhere that I could probably get answers to where I had gone wrong. And how to change my approach to R which I couldn’t do with S”

Other participants had been referred to the programme:

“We were referred by the Child and Adolescent Unit and I’d not really heard anything about it before but I thought it would help learn how to deal with situations that you might find yourself in. It’s really useful, I’ve done things before but they’ve not worked but this shows you how to do it a different way”

Participants acknowledged that young people had a hard time growing up and faced many challenges and stresses:

“I wouldn’t say it was as bad when I was D’s age, all that was going on then, but it has got decidedly worse. And I have known one or two people sat there that I knew as teenagers and had certainly fallen foul of the law and sadly ended up in prison”

Involving youth in the programme

Participants acknowledged that in some cases it had not been easy to get their child to the first group meeting. There were examples given that showed some youths were quite determined not to go with their parents at first. However, after that first week attending the group, barriers and obstacles had obviously been overcome:

“And after dragging him kicking and screaming to that first one and I mean literally – five minutes before we walked out the door and he was still stomping about I am not going and I will get laughed at and whatever - to literally he couldn’t wait to get here tonight just to see everybody again you know. I mean that is a great accolade really for the class isn’t it that he wants to do it, he wants to be back and he wants to help the people who are going on to the next one as well. There is no question of that”

“I think when we first met you and we were actually going to do this and G said I don’t want to go. I said well why don’t we just go along to one

session, analyse it and then you can see at the end if you don't like it then we stop. But thankfully she has bonded with all the other youngsters there so it was a good thing"

What worked well for participants

Participants identified that the SFP10-14 (UK) had helped strengthen the family unit and had also helped them identify different strategies to manage situations. One participant's comments succinctly summarized the group's responses:

"And I think it did strengthen. You know it has made me more aware of how I want to deal with him and then it has given me enough confidence to ask for support from his step dad. So that we are doing the same or similar kinds of things in dealing with him"

Participants were asked if they could identify what they felt the strengths of the programme were and what worked well for them. Their responses identified that they felt the SFP10-14 (UK) provides parents with a range of strategies or 'tools' which they can draw on to help manage different situations or problems. Some of these strategies involved a change in the adults' behaviour and how they responded to challenging times:

"Well you can look at a problem in a different way and probably solve it differently and work it through, instead of, like me, blowing your top and getting cross and angry and the doors slam. It is like talking to them instead of sort of yelling at them. And making you aware that you are yelling"

"I found particularly this last couple of weeks where for one reason or another I have felt myself losing my patience and in the end I have just said to him well I am not dealing with this very well, go to your room and then when I have calmed down then we will speak about it. And it has been totally different. Whereas probably before I would have been a great big shouting argument door slamming feet stamping and whatever, I have been able to go away and calm down. He has calmed down and we have dealt with it in a more constructive manner. You know and then drawing on the other things that we learnt as well and it is different strategies"

A key concept of the SFP10-14 (UK) is 'love and limits': showing love but also setting limits regarding a young persons behaviour. One participant's comments identify that this was an important part of the programme that worked well for them:

"It is not always using the same strategy, it is remembering all the time that you set boundaries and limits and are reminding them all the time that you love them and that is why you do it. You know. It is because you care that you want to know where they are, you are not spoiling the fun but you want to know where they are, you want to make sure that they are safe and it is teaching them respect for themselves and respect for other people"

It was also identified that young people actually do need to have limits set. One parent described setting limits as a form of security for the young person:

"...because that is what I think – especially all that is going on out there at the moment. Kids need to know that there is security, you know"

One parent commented that although the programme did not work in the way he had expected, the results were never the less evident. While another, observed that he had seen a number of professionals about his child's behaviour but it was the SFP10-14 (UK) that had improved things:

"I thought – go on this and he's going to behave himself - it hasn't worked exactly like that - but it has – he has quietened down a lot, he's not half as bad as he was, so to me its worth it. It has helped a lot"

"I've seen about 14 doctors about his behaviour because they say they are the experts and the school - and I've been on different things - and been to the Child and Adolescent Unit, but to be honest things weren't happening there but we came here and things started to happen. He has quietened down a lot"

Some participants also observed that the working with a group that were all there to learn about parenting and improving their skills helped them to be open about their problems:

"You feel you can say what you've done wrong – he was bad and I smacked him. Fair enough, it happens. But it was a mistake that you would keep to yourself, but here you can come out with it"

"A lot of parents have the same problems. You can talk about it as a group"

The sessions that focused on peer pressure were identified as being particularly helpful by participants:

"The bit about peer pressure, I'm cherishing that piece of paper for the future"

"I found the peer pressure stuff terrific"

Use of DVDs, actors and scenarios

Participants commented on the DVDs that are used in the programme to help get across key aspects of the curriculum. The DVDs are used mainly in the parent sessions and often show parents/carers different ways of managing situations with their children. Actors will portray harsh parenting or a rather 'weak' parenting and then offer an alternative way of approaching things:

"I thought they were very good because they showed the wrong way and right way"

"You saw a situation and it gave you what you wouldn't do and basically how you could do it better"

"A lot of good examples and different ways - the DVDs show more realistic- at home - more like normal situations, not far out you know?"

"Watching the way we were shown on DVDs and then had it explained – it works better"

Not all comments about DVDs were favourable however:

“They were quite patronising weren’t they to start with”

“Yes. It was like they had inside knowledge and we didn’t know that much about everything yet. But then it were better than us having to do role play weren’t it”

Participants also commented on the actors themselves and the effect they had on the delivery of the programme:

“I will be honest, when we first watched I did think – I mean obviously they are actors and they are really contrived but as we learnt more – as the programme went on and we learnt more about the programme I think I viewed them in a more positive way”

“But like I say as it went on and we got used to the characters I think that you know I identified more. You know it did become better”

“Yes. I mean it was good that they were English as well. I think – I don’t know – I think it would have been more like a film wouldn’t it or a movie or whatever but it was more like real life”

Participants felt that the actors and scenarios helped get discussion going by encouraging people to reflect on their own situations and how they dealt with different situations:

“I don’t know about anybody else, but I have always plenty to say when it said ‘can you suggest’”

“I don’t know. Once someone started to talk as ... then more or less we came out with everything and discussed things”

“It was good to get other people’s side wasn’t it? How they had done things”

“Yes because I mean everybody deals with things differently. We are different aren’t we and I did talk a lot. I found it really helpful”

Some participants had seen the original US videos and this allowed them to make comparisons:

“We watched the DVDs most of the time but one week the remote got lost and we watched the American version - It wasn’t personalised like the English versions”

“We liked the English version a lot better”

Exercises and activities in the programme

The SFP10-14 (UK) uses a number of activities and family exercises to help families have fun and also learn about each other. We asked participants if there were particular activities or exercises that they had particularly enjoyed or found helpful in some way:

"I liked the one where they did what they wanted in life (treasure map). But they did it in picture form and we had to guess which child had done which. Now I guessed mine straight away. P guessed someone else's"

"I got mine straight away. I don't know what it was. But there was something there that said what he wants"

"I think the one with the family tree. It made me look at our family and our strengths and it made us work together as a team to decide what our family strengths were. And he came up with some really good ideas and we had to agree on a certain amount to put on. And that was good. I mean was that the second one. Yes. So everything was still fairly new. But I liked that. I have still got that. I did like that"

"No I was really – the family tree I was amazed at what Peter thought were the strength of other members of the family that I wouldn't have thought of. You have found out those either. You know you wouldn't have sat down at home and said lets find our history. I mean he even put positive ones in which knowing their relationship it knocked me down. So it made me think of things as well. I was surprised"

"And that shield one. It was more like a family shield"

Some participants explained how the exercised had helped in their behaviour at home with their child:

"The rewards – building up points for a reward, it didn't work before, but then doing it the way they showed us, it did work. Before, when he got a reward and he didn't want to know then, but doing it this way he actually carried on doing it"

"Same as the who, what, when, where? A lot of that - he would say 'Oh I'm just going down to Q I'll be back in such and such' but by asking a few of the questions which they showed you, you found out what they were doing"

However not all comments were entirely positive. Some participants found some of the exercises or games rather frivolous, although they did understand that there was a purpose behind the group activities:

"The bonding activities went well. Though on some of them I felt they were a little bit too birthday party type of activities on some of them"

"You don't want to be getting too you know – not that we were strangers – but it were a bit too much of a party atmosphere on some of the activities but otherwise you know the bonding thing was pretty good"

"I work in a technical environment all day which is high pressure you've got to be the main guy sort of thing, grown up and all the rest of it – and you come here and have to act like a four year old, it's a big difference and I find it hard to adjust. I did take part in it all but it's a case of feeling really daft"

"I know its set out like, this course, but I think they aught to think about it because they are childish, I thought some of those games, they were –"

you're a bit more grown up - surely they could think of something else something which doesn't make the adults feel stupid"

What did not work so well

Participants were also asked if they could identify aspects of the SFP10-14 (UK) that they felt did not work so well for them or for the group as a whole. One of the issues that was identified related to the tight control on time. The delivery of the SFP10-14 (UK) relies on being strictly kept within a two hour time frame. In the first hour parents and youth work separately and it is critical that both sessions end promptly on time or the following family session will either over-run and people will be late leaving, or may even leave before the end of the weeks programme. This situation was noted by participants:

"Actually that reminds me of one thing – there always seems to be an issue of struggling to get through things you know in the hour basically"

"Yes the countdown on the DVD never worked did it. And the little clock on the table that didn't work because you can't predict how long someone is going to be speaking"

"So sometimes you need to cut across people. Cut people off in some sense"

Or on the other hand however, participants acknowledged the need for some time limit:

"Well you have got to have a structure haven't you. Otherwise people will go on all night"

There was some discussion amongst focus group members that the differences in schooling ages, and the US culture, made the games more appropriate to a US audience and less appealing to those in the UK.

"It's all right for Americans to treat their children like kids but we have to treat ours as adults. They (US children) have to be at school until they are 18"

"...and I did complain calling them 'your youth' that's wrong that. It should be - should be your child? Your teenagers, kids? I know it's not a really important thing, but it did annoy me"

"Its not personal calling them 'your youth', its not personal at all"

Parent sessions

When speaking about the parents' sessions the group spoke positively about the support they felt they had from one another. They felt that everyone had participated and contributed to the programme and the group had gained from that:

"I felt they were really positive. And I got an awful lot of support from the people who were around and I think we went through a lot together. My personal feeling is we went through a lot together and everybody – and they gave it a fair crack – everybody got involved in it"

“You know everybody sort of came back next week with either a positive or a negative way of dealing with things. And I thought that was great and that really did help me”

Timing of the programme

The SFP10-14 (UK) is generally facilitated in the evening as this suits most families. The timing of the programme had been negotiated with parents and carers at the information evening. Participants felt that this had worked well for most of the group:

“Yes. Because I mean to be fair when we came to that open – you know the initial visit you did say what would be the best time and everybody thought it fitted in and I think once you have got that in place you try to stick to that because you know other people – we all sat down and agreed that was the best time didn’t we”

“It meant we had a bit of lee-way with time didn’t we and then people sort of chatted for five or ten minutes afterwards. And then it wasn’t too late to get the kids off home and whatever”

Crèche/Childcare

The programme also offered a crèche for families who had younger siblings. This was viewed very positively by both the parents and the children who enjoyed the crèche:

“She used to look forward to coming”

“...she weren’t left out because I was coming here”

Positive outcomes

Throughout the focus group sessions parents and carers spoke of what they had learned, or how their parenting had changed since attending the programme. These comments provide powerful evidence from recipients of the programme of the positive outcomes they experienced.

“What I’ve learnt is to really, really listen to my kids feelings. Even if the answer is going to be no to whatever the request is, because some have to be no, but they need to air their feelings”

“It changed my behaviour towards my children, I listen to what they say, I don’t lose my temper so much”

“I don’t shout now, I tend to back off and work it through, come to a compromise rather than dictate”

“Working towards goals and by reaching those goals we spend time together, go places, he cherishes the one to one”

“Well it helps you to prepare for the teenage years and I always feel there is room for improvement in parenting, you can always learn more”

“I used to confront him and the situation would get worse and worse and it could spoil a whole evening...but by walking away its much better, it’s a really calm approach”

"We have definitely got closer since doing the course, I think what they (youth) have done in combination with what we have done – I think its made her think a bit more about her behaviour at home and I'm certainly thinking about my behaviour more"

"The children also know that their actions have a consequence on me and how things work out and that throwing things and having a paddy isn't the best way of sorting things out"

"I'm a single parent I'm on my own, it's very hard to be a mum and a dad, but the tools gained from the course have been extremely beneficial"

"I found out that J knew a lot more about drugs than I thought and that shocked me. I thought your only nine years old – how do you know this?"

"It's a relaxed way – it appears on the surface to be common sense but it needs pointing out"

"I feel that you have never got enough skills as a parent, I've learned a lot from this course, my son's learned a lot from this course and its brought us closer together and I think it would bring any family closer together"

"I've got nothing but praise for what has happened, it's a transformation. Getting called into school and they asked 'what has changed in E, what have you done that is different? There is a noticeable and marked difference in the way E has adopted a more mature attitude' and that, that's the proof of the pudding isn't it? As they say"

5.2.2 Youth evaluation: group brainstorm

Things we like about the SFP 10-14:

Spending time with mum/Dad/carer
Food
Group work
Lucky dip (raffle)
Being able to share opinions/ learning about others opinions
Getting to know facilitators
Looking forward to coming
Time went quickly
games: especially the 'fishing game' and 'on the way to pizza hut'

Programme content

DVDs
Peer pressure sessions
Drama pieces (role play)
Liked it all!

Activities

Family time (working together doing activities)
Family shield

Family tree

"I would like to have another programme!"

No negative feedback about the programme was given.

5.2.3 Youth evaluation: individual face-to-face interviews

Four young people took part in an informal interview about their experiences of the programme. The interviews were brief, and semi-structured.

Interview 1

"I was like a bit nervous when I first came – but then enjoyed it. I liked the first week, especially the treasure map, and the fifth week with the shield. The last week was good with the role models. I liked working with mum and dad. I enjoyed the DVDs and having the family meetings. The role play and acting was good especially 'setting up situations'. The games were good I liked the three legged game"

"I liked it all – no negatives (didn't like [another youth] picking on me)"

"I learned about drugs and keeping out of trouble. And about rules – in the driving game"

"It has been better at home. We use the points and I earned 8 points and that meant a meal in the pizza hut. 10 points and we have an Indian meal. I get the points when I clean my room, putting my shoes away. For cleaning the car or cutting the grass"

Interview 2

"I liked working with my parents. I enjoyed the car game and the treasure map – you know, talking about your dreams. Enjoyed the role models in the last week"

"Nothing really – enjoyed it all"

"I learned to listen before I speak and get to along with people"

"We use the points chart and I get to go to the swimming pool or to football for not losing my temper. I help my parents and understand what they are saying more"

Interview 3

"I enjoyed...keeping out of trouble. I liked the ice breaker – the 'guess who is leading' one. And the three legged game too. The role models was really good and the raffle!"

"Some of the games were childish, that one - pretending to be a train going to Timbuktu. Did not like being called youth"

"I did learn - from keeping out of trouble really. And we use the points chart. If I tidy up I get my pocket money. And I understand my Mum better now and she understands me better too"

Interview 4

"It's really good and you make new friends"

"I learned how to resist peer pressure"

"I used to get bad tempered if I was asked to do something but now I'm much calmer"

"It strengthens your family!"

"I would recommend it to anyone, its really good fun!"

6.0 Conclusions

Although there were no clear or consistent outcomes associated with the SFP10-14 programme on analysis of the quantitative data, we need to be cautious about our interpretation of these findings. The purpose of this phase of the study was primarily to adapt and pilot test the programme materials and evaluation tools for use UK. Further research based on a randomised controlled trial design, with adequate sample size, is required to fully assess the potential of the programme in the UK.

The qualitative data that were obtained allow us to draw some tentative conclusions about the perceived effectiveness of the SFP10-14 (UK) from the participant's perspective. The results demonstrate that parents, carers and young people enjoyed and felt that they benefited from the intervention. 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 among the family.

7.0 Strengths and limitations of the study

A mixed methods design was used blending both quantitative and qualitative data. One advantage of this design was that it enabled the maximisation of the strengths of each method. For example, it was possible to explore information from structured questionnaires in more detail through semi-structured interviews. The focus groups that were held among families who had completed the SFP10-14 (UK) programme added depth and richness to the quantitative data that were collected as part of the exploratory pilot study.

Although we encountered initial recruitment difficulties, the retention rate of the families who agreed to participate and undertook the SFP10-14 (UK) was excellent.

The sample size was not large enough nor the study of sufficient duration to detect changes pre- and post-test for many variables. For this stage of the research we were primarily interested in testing the SFP10-14 (UK) programme materials and the data collection tools, in line with MRC guidance for the development and evaluation of complex interventions.

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APPENDIX 1

Cultural Accommodation of the Strengthening Families
Programme 10 –14:UK Phase I study

