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Ballymun Local Drugs Task Force, Dublin, Ireland

# *STRENGTHENING FAMILIES PROGRAM (SFP 12- 16)*

**Year 3 Evaluation Report**

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# *Ballymun Local Drugs Task Force Strengthening Families Program for Teens and Parents (SFP 12-16)*

**YEAR THREE - 2010 EVALUATION REPORT**

## I. INTRODUCTION AND OVERVIEW

The Ballymun Local Drugs Task Force in Ballymun, Dublin, Ireland has implemented an evidence-based program as part of a locally based strategy aimed at the prevention of substance abuse and juvenile delinquency in youth and to improve the parenting skills of parents of high-risk adolescents. Based on assessed community needs and risk factors for substance abuse, the evidence-based program chosen to be implemented was the *Strengthening Families Program (SFP)* for families with high-risk adolescent ages 12 to 16 years old. The Strengthening Families Programme in Ballymun is funded and managed by Ballymun Local Drugs Task Force and is supported and delivered by local statutory, community and voluntary agencies. The Ballymun Local Drugs Task Force is funded through the Irish government.

***Staffing*:** Ballymun SFP is facilitated and supported by a number of local agencies who work together on an interagency basis to deliver and implement the programme. The Programme Manager (BLDTF) and SFP Management Committee oversees the implementation and delivery through ongoing review, monitoring and evaluation. Agency representatives engage in SFP through the roles of: management committee, programme manager, site coordinator, facilitator/ assistant facilitator/floater and referral agent.

***Professional Group Leader Training*:** Individuals are trained and certified as SFP group leaders by Dr. Karol Kumpfer, the program developer, and Dr. Henry Whiteside of LutraGroup, the SFP International Training Center in Salt Lake City, Utah. A number of trainings have taken place in Ballymun since its implementation in March 2008 with 84 agency representatives trained to date. Most recently, a two-day training for SFP group leaders occurred in Ballymun, Ireland on January 20th and 21st 2011 where 28 professionals were trained as group leaders, 12 of which represented Ballymun.

### Introduction to Evaluation Report

This report includes the evaluation findings from the Spring and Fall 2010 groups in Year 03 of this initiative as funded by Ballymun Local Drugs Task Force. This independent evaluation was conducted by LutraGroup, which focuses on the outcome evaluation measuring program effectiveness with this population. No process or implementation

evaluation was conducted by LutraGroup with fidelity checks or observational site visits.[1] In Yr 03 (January to December, 2010), two SFP programs were completed (February 16th – May 25th and September 7th – December 14th 2010).[2] Between the 2 programmes, 23 families started the programme and 20 families completed the family intervention and graduated, thereby having a retention rate of 87%. Of these, 18 families completed the questionnaires. The 2010 data sent to LutraGroup in May 2011 was from the following two groups that were used for this analysis and outcome report.

**Table 1**

| | | | | | |
|---|---|---|---|---|---|
| 621 | 12—16 | Spring 2010 | Ireland- Dublin- Ballymun Local Drugs Task Force Limited | 06-05-11 | 9 |
| 622 | 12—16 | Fall 2010 | Ireland- Dublin- Ballymun Local Drugs Task Force Limited | 06-05-11 | 9 |

Although the data collected this year included outcome survey data on eighteen families only those clients who completed both parent retrospective pre-test and post-test evaluation questions are analyzed in this evaluation report, therefore all results are based on 17 families, this corresponds to 85% of families who graduated in 2010.

***SFP Program Description:*** The Strengthening Families Program (Kumpfer & DeMarsh, 1989; Kumpfer, DeMarsh, & Child, 1989) is an evidence-based 14-week family skills training program that involves the whole family in three classes run on the same night once a week. The parents or caretakers of high-risk youth attend the SFP Parent Training Program in the first hour. At the same time their adolescents attend the SFP Teen's Skills Training Program. In the second hour, the families participate together in a SFP Family Skills Training Program. Multiple replications of SFP in randomized control trials in different countries (United States, Canada, Australia, U.K., Netherlands, and Spain) with different cultural groups by independent evaluators have found SFP to be an effective program in reducing multiple risk factors for later alcohol and drug abuse, mental health problems, and delinquency by increasing family strengths, children's social competencies, and improving parent's parenting skills (Kumpfer, Alvarado, Smith, & Bellamy, 2002; Kumpfer, 2007; Bool, 2005; Orte, et al., 2007).

***Strengthening Families Program Description:*** SFP is funded by Ballymun Local Drugs Task Force. The SFP budget provides for all necessary and recommended training, program sessions, meals, childcare, staffing, logistics, supplies, incentives, follow-up and program evaluation for the full SFP program.

## II. SCOPE AND METHOD OF THE EVALUATION

[1] Team process reviews are a core feature of all SFP programmes implemented in Ballymun. Following each programme, the Progamme Manager and site coordinator meet all facilitators and agencies to review the process, delivery and implementation of the programme.
[2] SFP Ballymun is regarded as a 15 week programme as it includes a welcome/induction week in addition to the 14 weeks of skills sessions.

The major goal of this evaluation is to determine if the program, when conducted with the targeted population is effective and achieves outcomes similar to the established norms for this evidence-based program. The evaluation undertaken was an outcome evaluation conducted by LutraGroup. In the next year, we recommend adding a process evaluation that would include a fidelity survey of funded cycles and site visit to assess program fidelity. The outcome evaluation involves a repeated measure (retrospective pre and posttest design) with standardized instruments being administered to parents attending the program. The outcome evaluation assesses program effectiveness for a large number of risk and protective factors for substance abuse and delinquency prevention.

***Evaluation Contractors: LutraGroup***

The contracted evaluator is LutraGroup. The evaluation contractor is comprised of a team of health and human service professionals with combined expertise in evaluation, research, substance abuse treatment and prevention, mental health and multi-system intervention. The professionals in this consulting company are very experienced in conducting research and evaluations of the Strengthening Families Program over the last 20 years. The SFP program developer, Dr. Karol Kumpfer, is the Evaluation Director for LutraGroup. LutraGroup is also the contractors responsible for SFP training and program development in the United States, Canada, and Europe. This evaluation contributes to the overall national and international research, evaluation and program development provided by LutraGroup, both nationally and internationally. LutraGroup has provided the SFP training of group leaders, evaluation and technical assistance for this initiative.

*Outcome Evaluation Methods*

The Experimental Evaluation Design consisted of repeated measures, pre- and post-test design with post-hoc subgroup comparisons as recommended by Campbell & Stanley (1967) to control for most threats to internal and external sources of validity. An "SFP Retrospective Parent Pre/posttest", using standardized CSAP and NIDA core measures, was developed and used because of the need for a short, non-research quality, practitioner friendly evaluation instrument (Appendix 3). Instruments were delivered by the site staff.[3] These instruments are designed to assess child and parent mental health, substance abuse risk and resiliencies, family management and cohesiveness, and parent and child social skills and attitudes. The data were recorded by the parents on printed questionnaires. These data on the pre and post-tests were hand-entered by Jing Xie, M.S. and analyzed using SPSS by Dr. Keely Cofrin using standardized scales for 18 outcome variables plus three cluster summary variables (Family, Parent and Child outcomes combined) for a total of 21 outcomes. Dr. Karol Kumpfer interpreted the data and wrote this report.

[3] Referral agents have the designated role within the SFP programme in Ballymun to administer the evaluation questions to their family. This is undertaken during a locally held facilitative evaluation session (parent and referral agent can choose morning or afternoon session). This designated session for parent and referral agent contributes towards a higher completion rate and also allows for referral support and follow up on any issues arising.

*Evaluation Measurement Instruments*

A retrospective pre and post test questionnaire was the instrument used in this instance. The risk and protective factor precursors of substance abuse include negative or positive child behaviors, parenting stress and depression or substance use and lack of effective discipline methods and family dysfunction. The children's change outcomes were measured by the *Child Behavior Checklist* (Achenbach & Edelbrock, 1988), the children's social and life skills were measured by selected items from the *Gresham and Elliot Social Skills Scale* (1990). The parent's parenting efficacy and skills was measured by the 10-item *Kumpfer Parenting Skills*. The family conflict, organization, communication and cohesion were measured by *Family Environment Scales*, (Moos, 1974). Most of these outcome instruments are standardized and were used by the original program developer. These instruments are discussed in greater detail below.

***Parent Change Measures.*** The parent alcohol, and illicit drug use including age of first use and 30-day substance use rates for tobacco, alcohol, marijuana, binge drinking, and other illicit drugs was measured using the CSAP/GPRA drug use measures from the Monitoring the Future (Johnston, O'Malley, and Bachman, 1998) and the National Household Survey (SAMHSA/OAS, 2000). Parent changes were measured using the *Parenting Stress Index* (Abidin, 1983) and a modified version of the *Beck Depression Inventory* included in the Strengthening Families Program Parenting Questionnaire to measure parental stress and depression.

***Child Risk Behavior Change Measures***. The risk and protective factor precursors of substance abuse include negative child behaviors and lack of effective discipline methods. The children's change outcomes were measured by the *Child Behavior Checklist* (Achenbach & Edelbrock, 1988), which is a parent report on the child's overall internalizing or externalizing behaviors. This measure was also used in the original SFP research (Kumpfer, 1989). A new child behavior instrument, completed by the child, was also used, namely, the *Child Rating Scale* (Hightower, Spinell, & Lotczwski, 1989) to measure internalizing and externalizing behavior problems. In the last year, the negative child behaviors such as children's aggression and conduct disorders, and children's depression is measured by the Kellam Parent Observation of Children's Activities (POCA), which is a modification of the Achenbach and Edelbrock (1988) Child Behavior Checklist (CBCL) that was used for Cohort 1 to 7. The POCA has a five-point scale and is more change sensitive than the CBCL and the wording is simpler for low education families.

***Child Protective Factor Behavior Changes***. The parent and child version of the *Social Skills Rating System (SSRS)* (Gresham & Elliott, 1990) was used for measuring social/life skills. The SSRS measures the following dimensions: Cooperation, Assertion, Responsibility, and Self-Control. In addition, it measures problem behaviors, which are classified as internalizing behaviors, externalizing behaviors, and hyperactivity. The parents completed both parent versions of the SSRS and CBCL, and the children completed the student version of the SSRS. For the main SSRS subscales, higher scores indicate more positive outcomes (e.g. more cooperation, assertion, responsibility and self-control). For the problem behavior subscales, lower scores indicate more positive outcomes (e.g. fewer internalizing, externalizing, hyperactivity problems).

***Family Environment or Functioning Measures.*** The family change outcomes were measured by the *Moos Family Environment Scale* ( FES) (Moos & Moos, 1994) and the *Children's Version of the Family Environment Scale* (Pino, Simons, & Slawinoski, 1983) that include scales for the level of family conflict, communication and family cohesion.

*Psychometric Properties*. These measurement instruments and scales have been found to have high reliability and validity in prior SFP studies with similar participants. To reduce testing burden, in some cases only sub-scales of selected instruments were used for evaluation. They match the hypothesized dependent variables and were used in the construction of the testing batteries. Each of the program goals and objectives as listed above are matched to the standardized testing scale or measure as in Table 2 below.

**Table 2: Hypothesized Outcomes Matched to Measures**

| SFP Outcome Variables | Measures |
|---|---|
| ***Parent Immediate Change Objectives*** | |
| 1. increase positive parenting | 1. SFP parenting skills |
| 2. increase in parenting skills | 2. SFP parenting skills |
| 3. increase parental supervision | 3. SFP parenting skills |
| 4. increase parental efficacy | 4. Alabama Parenting Scale |
| 5. increase in parental involvement | 5. Alabama Parenting Scale |
| 6. decrease in parental substance use or misuse | 6. CSAP30-day use rates |
| ***Child Change Objectives*** | |
| 1. increase social skills (cooperation, assertion, responsibility, and self-control) | 1. Social Skills Rating Scale (parent and child) |
| 2. reduced externalizing | 3. POCA Child Rating Scale |
| 3. reduced covert aggression | 4. POCA covert aggression scale |
| 4. reduced concentration problems (ADD) | 5. POCA ADD scale |
| 5. reduced criminal behavior | 7. POCA criminal behavior scale |
| 6. reduced hyperactivity | 8. POCA hypeactivity scale |
| 7. reduced depression | 9. POCA depression scale |
| ***Family Change Objectives*** | |
| 1. increase positive parent/child relationship or family cohesion | 1. Moos FES cohesion |
| 2. reduce family conflict | 2. Moos FES family conflict |
| 3. increase family organization and order | 3. Moos FES family organization |
| 4. increase family communication skills | 4. Moos FES communication |
| 5. increased overall family strengths and resilience | 5. Kumpfer & Dunst Family Strengths and Resilience scale |

**Above table does not include 3 cluster scores as outcome variables*

***Data Analysis***. All outcome data was collected on the SFP questionnaire. After data cleaning (removing any names, assuring readable marks, checking for missing data and random markings) by the researchers, the data was entered into a computer for analysis on a network PC using SPSS for Windows.

For this study, only the de-identified (coded) parent pre- and post-test quantitative data is used using SPSS program.

A total change score is calculated as well as summed scores for the parent, child and family outcomes. The effect sizes of the outcomes are calculated using both an eta squared or Cohen's (d) and the d' statistics for the cluster variables and 18 individual outcome variables related to parent, family, and child risk factor improvements and improved protective factors for substance abuse. Analyses of Variance (ANOVAs) and the Effect Sizes for the pre- to post-test changes are conducted and reported in outcome tables categorically by parent, family and child variables.

## III. OUTCOME EVALUATION RESULTS

### Summary of Pre- to Post-test Outcome Results

*Retention and Major Outcome Results*. Overall, the family changes were most impressive for the 2010 Strengthening Families Programs (SFP 12 –16 Years) group with adolescents in Ballymun, Ireland. In 2010, 23 families started the programme and 20 families completed the 14-week family intervention, thereby having a retention rate of 87%. Additionally, the pre- to posttest changes were considerably greater than normally expected by the 4-month posttest.

As can be seen from Table 3 below, there are statistically significant positive results for SFP 12- 16 Years for <u>19 of the 21 outcomes (90%)</u> measured by parent, child and family outcome variables. All five or 100% of the parenting outcomes and all or 100% of the family outcomes were statistically significant. Five of seven (71%) of the children's outcomes were significantly improved, namely overt aggression ($p < .001$), covert aggression ($p < .001$), depression ($p < .001$), social skills or competencies ($p < .04$), and concentration problems or reduced ADD ($p < .001$). The 3 outcomes for overall parent, child and family clusters were also statistically significant in addition to the outcome for alcohol and drug use. The results for the children are very impressive and we rarely see an agency have improvements in six of the eight outcomes for the children (includes child cluster scale outcome).

One possible reason for this larger than expected improvements in the family interactions and family systems dynamics was that the families recruited were higher risk or in more crisis or pain than in the SFP database because of having teens who were already beginning to have behavioral problems. The Ballymun families had lower pretest scores for all positive family variables and higher scores at baseline for the negative variables such as Family Conflict. Hence, these families had more motivation and room to change and improve.

**Table 3: Total Outcomes (Parent, Family & Child) for Pre- to Posttest Changes**

| Protective Factor | Sig. Level (p=) | 2010-11 Effect Size (*d*) vs Irish Norms |
|---|---|---|
| 1. Family Organization | .00 | .80 (large) vs. .80 |
| 2. Family Cohesion | .01 | .70 (large) vs. .62 |
| 3. Family Communication | .00 | .83 (large) vs. .78 |
| 4. Family Conflict | .00 | .41 (medium) vs. .31 |
| 5. Family Resilience | .00 | .87 (large) vs. .72 |
| 6. Positive Parenting | .00 | .71 (large) vs. .65 |
| 7. Parental Involvement | .00 | .71 (large) vs. .60 |
| 8. Parenting Skills | .00 | .73 (large) vs. .64 |
| 9. Parental Supervision | .00 | .84 (large) vs. .68 |
| 10. Parenting Efficacy | .00 | .77 (large) vs. .68 |
| 11. Overt Aggression. | .00 | .59 (large) vs. .51 |
| 12. Covert Aggression | .00 | .53 (large) vs. .37 |
| 13. Concentration Problems | .00 | .76 (large) vs. .60 |
| 14. Criminal Behavior | .16 | .12 (small) vs. .09 |
| 15. Hyperactivity | .84 | .00 (no change) vs. .09 |
| 16. Social Behavior | .04 | .23 (medium) vs. .34 |
| 17. Depression | .00 | .62 (large) vs. .49 |
| 18. Alcohol and Drug Use | .03 | .77 (large) vs. .57 |

| | | |
|---|---|---|
| 19. Family Cluster Scale | .00 | .85 (large) vs. .77 |
| | | |
| 20. Parent Cluster Scale | .00 | .86 (large) vs. .72 |
| | | |
| 21. Child Cluster Scale | .00 | .77 (large) vs. .57 |
| | | |

*Positive Family, Parent and Youth Changes*. The family improved significantly in all of five family outcomes, and also all of five parenting outcomes. They also had larger improvements in parent and family change outcomes and adolescent's mental health and behavioral outcomes than for the SFP US and Irish norms for prior groups in the SFP database. Most impressive was the statistically significant positive changes in the youth's Concentration (*p*. < .001; *d* . =.76), Overt Aggression (*p*. < .001, *d* . =.59), Covert Aggression (*p*. < .001, *d* . =.53), Social Skills (*p*. < .04, *d* . =.23), and Depression (*p*. < .001, *d* . =.62). Such impressive immediate changes are not generally found by the end of the program in four months.

These results suggest that even by the immediate 4-month pre to post-test period, families are making major strides in improving their interaction patterns, which appears to be resulting very impressive changes almost immediately in the adolescents. These behavioral changes in reducing risky behaviors in the teenagers, such as overt and covert aggression and improving social skills and competencies should, according to tested theories of the etiology of adolescent substance abuse (Kumpfer, Alvarado, & Whiteside, 2003, Ary, et al., 1988) result in less substance abuse, delinquency, and arrests for crimes in the future.

*Statistically Significant Results with Large Effect Sizes Found*. Reported in the tables below are the significance level or *p*. value for pre to posttest changes as well as a more important statistical outcome called "effect size". Statistical significance only means that these mean differences from pre-to posttest are likely to represent true positive changes in the families and are not likely to have occurred by chance. In fact, the *p*. values for the Ballymun group are below *p*. <.05 for 16 of the 18 outcome variables (doesn't include cluster outcome variables). Also, these statistically significant positive changes were not solely due to a large sample size because only data from 17 families were included in this FY'10 analysis. The major reason was the large mean changes and effect sizes.

Similar to percent change, effect size is a more scientific way that researchers today report how much participants in an intervention have changed. The effect sizes reported are calculated in SPSS software by eta squared or Cohen's d as well as d'. It can be seen that they are very large and replicate the large effect sizes found for SFP in randomized control trials (Kumpfer & DeMarsh, 1986; Spoth, et al., 1999; 2002; 2003; Trudeau & Spoth, 2005), Gottfredson, Kumpfer, et al., 2006), except they are even larger. To put the effect sizes reported here into perspective, the average effect size of all obesity prevention programs was found to be Cohen's *d* = .006 or a miniscule positive change that is clinically insignificant and probably not worth the time or money to implement the obesity prevention programs (Stice, Shaw & Marti, 2006). The overall effect size in reducing or preventing substance use

for all youth-only substance abuse prevention programs is about *d* = .10. The effect size of the DARE program was *d*= .08 and the best social skills training prevention programs only have an effect size of about *d* = .30 (Tobler & Stratton, 1997; Tobler & Kumpfer, 2000). Parenting and family interventions have larger effect sizes averaging nine times larger than youth-only prevention programs. See table 4 below.

***Meta-analysis Study of Prevention Approaches.*** Dr. Nancy Tobler has conducted a number of meta-analysis studies of drug prevention approaches. Dr. Kumpfer worked with her to develop a meta-analysis of family approaches and to compare these to child-only approaches. Overall, family-focused approaches average effect sizes are nine times larger than youth-only prevention approaches (*d* =.96 ES versus *d* = .10 ES) as shown in the Table 5 below. This meta-analysis suggests that family skills training approaches, such as Strengthening Families have a very large effect size in reducing substance abuse (*d* = .82) second only to In-home Family Support approaches which had a very large effect size of *d* = 1.62.

**Table 4: Average Effect Sizes (Cohen's *d*) for Universal School-based and Family-based Prevention Programs (Tobler & Stratton, 1997; Tobler & Kumpfer, 2001)**

| Prevention Intervention Approach | Average Effect Size |
|---|---|
| Knowledge plus Affective Education | -.05 |
| Affective Education | +.04 |
| Life or Social Skills Training | +.30 |
| ***Average Universal Child-only Approaches*** | ***+.10*** |
| Parenting Skills Training | +.31 |
| Family Skills Training | +.82 |
| In-home Family Support | +1.62 |
| ***Average Mean Family Interventions*** | ***+.96*** |

Based on these large effect sizes, Foxcroft and associates (2003) at Oxford University concluded that the Strengthening Families Program (Kumpfer, Molgaard & Spoth, 1996) was twice as effective as the next best prevention program—also a parenting program. These reviews were conducted using meta-analyses conducted for the World Health Organization and the international Cochrane Collaboration Reviews in Medicine and Public Health (see www.cochranereviews.org)

**The SFP 12 to 16 Years Pre- to Posttest Outcomes**

As can be seen from the tables to follow, there are statistically significant positive results for SFP 12- 16 Years for 19 of the 21 outcomes (90%) measured by parent, child and family outcome variables. All five or 100% of the parenting outcomes were statistically significant and all or 100% of the family outcomes. Five out of seven (71%) of the children's

outcomes were significantly improved, namely overt aggression (p. < .001), covert aggression (p. < .001), depression (p. < .001), social skills or competencies (p. < .04), and concentration problems or reduced ADD (p. < .001). The overall Child Cluster (p. = .001) was also significant and when included together this means that six out of eight child outcomes were significant (75%). The results for the children are very impressive and we rarely see an agency have improvements in six of the eight outcomes for the children.

The large effect sizes (*d*) for the parent and family outcomes ranged from a high of *d*. = .87 for Family Strengths/Resilience, *d*. = .83 for Family Communication, and *d*. = .80 for Family Organization. The smallest positive change or effect size was *d*. = .41 for Family Conflict. For the six statistically significant children's outcome, these Cohen's d effect sizes are quite large even by the immediate pre to posttest period (within 14 weeks). They range from d = .76 for improvements in Concentration to d= .00 for Hyperactivity, which as a non-significant change.

**SFP 12-16 Years Effect Sizes or Amount of Individual**

The families reported Effect Sizes (d) at least .23 Effect Size or greater in 19 of the 21 outcome variables as shown below in the following table. Seventeen out of twenty-one of the effect sizes are equal to or greater than d=.41 and sixteen of the effect sizes are equal to or greater than d=.50 or large effect sizes. Effect sizes of this magnitude have not been seen very often. Hence, this agency is clearly doing a very good job at recruiting the right families that are high risk and also implementing the program very well to get large results. Note that the families at this agency are higher risk at baseline than the others in the Irish national norms. With families that are very high risk at intake there is more room for improvements, however, this agency and their staff had to implement SFP well to get changes of this large scale.

***Family Outcomes***

As can be seen in table 5 below, the largest changes being reported are in the area of family dynamics. 100% or all five of the family measures were found to be statistically significant. Additionally, all except one of the family outcomes for these SFP groups were larger in effect size or amount of change than the SFP National Irish Norms (family organization which was the same as the Irish norms). Family cluster outcome was also larger than Irish norms. This suggests that the implementation was better than average and was a good fit for the families recruited.

The five family environment (100%) outcomes for SFP groups ranged from d = .41 to .87 or large effect sizes. The largest effect size was for Family Strengths and Resilience (d = .87), followed closely by Family Communication (d = .83), and the Family Organization that had a *d* = .80 effect size. Hence, this large change indicated that this agency is making major improvements in these very high risk families. These changes within 4 months are almost twice as large as the average effect sizes of *d* = .45 found for the best long-term family therapies which are much more costly than SFP. Additionally, these family outcomes are much larger than those of the SFP National Norms as is shown in the table below.

Family Cohesion was also reported to have improved very much (Effect Size = .70). The improvements in Family Conflict didn't gain a large effect size, but the improvement for this variable was still a statistically significant change, and this outcome was still larger than the national norm with *d*. = .41 compared to *d*. = .31.

These local results are larger effects than found in other federally funded research studies conducted for National Institute of Drug Abuse (NIDA) research SFP studies (Gottfredson, Kumpfer, et al., 2005; Spoth, et al., 2003) and the Center for Substance Abuse Prevention (CSAP) (Kumpfer, Alvarado, Smith & Bellamy, 2002; Kumpfer, Alvarado, Tait & Turner, 2002).

Overall Family Strengths and Resilience Effect Size was d. = .87, which was larger than the Irish national norms for SFP which was d=.72. These effect sizes are larger for all variables than in the SFP National Database of all national sites submitting data on SFP groups to LutraGroup.

**Table 5: SFP 12 –16 Years Family Outcomes for Pre- to Posttest Changes**

| Protective Factor | Sig. Level (p=) | 2010-11 Effect Size (d) vs Nat'l Norms |
|---|---|---|
| 1. Family Organization | .00 | .80 (large) vs. .80 |
| 2. Family Cohesion | .01 | .70 (large) vs. .62 |
| 3. Family Communication | .00 | .83 (large) vs. .78 |
| 4. Family Conflict | .00 | .41 (medium) vs. .31 |
| 5. Family Resilience | .00 | .87 (large) vs. .72 |

The following table (table 6) reports the actual pretest to posttest means for the group as well as the mean changes along with the *p* values and two different types of effect size, d and d'. These are compared to the descriptive statistics for the SFP Irish National Norms on about 79 families from agencies all over the country. Note that the numbers are lower for the number of total Irish norm families with an n = 79 because of considerable missing data in the other Irish samples so far. It can be seen that the families are lower at base line or pretest for family cluster outcomes measured. This indicates that they are higher risk families than generally participate in SFP groups. This is one reason for the larger changes.

**Table 6: Mean Changes in Family Risk and Protective Factors Compared to SFP Irish National Norms**

| Strengthening Family Program Evaluation Project | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Ballymun sites 621-622 | | | | | | | | | | |
| Monday, July 04, 2011 | | | | | | | | | | |
| | | | | | | | | | | |
| **Scale Name** | **# fam** | **Pre-Test** | **SD** | **Post-Test** | **SD** | **Change** | **F** | **sig** | **Effect Size d** | **ES d'** |
| Family Cohesion | | | | | | | 0.00 | 0.97 | 0.00 | 0.01 |
| Irish Norms | 79 | 3.25 | 1.13 | 4.35 | 0.67 | 1.11 | 126.34 | 0.00 | 0.62 | 2.55 |
| Ballymun | 17 | 3.29 | 0.90 | 4.41 | 0.62 | 1.12 | 36.67 | 0.00 | 0.70 | 3.03 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Family Communication | | | | | | | | 0.04 | 0.84 | 0.00 |
| Irish Norms | 79 | 2.91 | 0.72 | 4.23 | 0.53 | 1.32 | 278.18 | 0.00 | 0.78 | 3.78 |
| Ballymun | 17 | 2.87 | 0.54 | 4.24 | 0.50 | 1.36 | 79.59 | 0.00 | 0.83 | 4.46 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Family Conflict | | | | | | | 0.23 | 0.63 | 0.00 | 0.10 |
| Irish Norms | 79 | 3.08 | 1.16 | 2.36 | 0.84 | (0.72) | 35.58 | 0.00 | 0.31 | 1.35 |
| Ballymun | 17 | 3.22 | 1.28 | 2.37 | 0.89 | (0.85) | 10.99 | 0.00 | 0.41 | 1.66 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Family Organization | | | | | | | 0.69 | 0.41 | 0.01 | 0.17 |
| Irish Norms | 79 | 2.20 | 0.92 | 3.85 | 0.81 | 1.66 | 303.24 | 0.00 | 0.80 | 3.94 |
| Ballymun | 17 | 2.32 | 0.66 | 3.79 | 0.70 | 1.47 | 64.57 | 0.00 | 0.80 | 4.02 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Family Strengths/Resilience | | | | | | | | | 0.70 | 0.41 |
| Irish Norms | 76 | 2.97 | 0.87 | 4.17 | 0.57 | 1.20 | 194.13 | 0.00 | 0.72 | 3.22 |
| Ballymun | 17 | 2.76 | 0.65 | 4.12 | 0.60 | 1.36 | 110.50 | 0.00 | 0.87 | 5.26 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Family Cluster Scale | | | | | | | 0.14 | 0.71 | 0.00 | 0.08 |
| Irish Norms | 76 | 2.86 | 0.74 | 4.08 | 0.52 | 1.22 | 250.96 | 0.00 | 0.77 | 3.66 |
| Ballymun | 17 | 2.76 | 0.60 | 4.05 | 0.53 | 1.29 | 87.78 | 0.00 | 0.85 | 4.68 |
| | | | | | | | | | | |

***Parenting Skills and Behaviors***

The next largest changes were in the area of parenting skills and behaviors. All or 100% of the parent outcomes had large effect sizes over *d* = .71 and 100% or all of the outcomes changed significantly. In addition, all five of the variables gained a larger effect size than national norms as shown in Table 7 below. The parents at intake or pre-tests were slightly higher in parenting outcomes than the norms but lower in Parenting Efficacy and Parental Involvement. They were higher at intake for all other parenting outcomes such as Positive Parenting, Parenting Skills, and Parenting Supervision. Hence it is surprising that they improved soo much as they were already pretty good parents.

One of the reasons for the large changes might be because of the excellent job this agency did, as these parents started at the pretest with higher than average parenting outcomes for three of the five parenting variables measured. For instance, parenting efficacy was lower (mean 2.78 vs. 2.83) than the national average in the SFP database, however, variables like parental supervision was higher (mean 2.81 vs. 2.79).

**Table 7: SFP 12 –16 Years Parenting Outcomes for Pre- to Posttest Changes**

| Protective Factor | Sig. Level (p=) | 2010-11 Effect Size (d) vs Nat'l Norms |
|---|---|---|
| 1. Positive Parenting | .00 | .71 (large) vs. .65 |
| 2. Parental Involvement | .00 | .71 (large) vs. .60 |
| 3. Parenting Skills | .00 | .73 (large) vs. .64 |
| 4. Parental Supervision | .00 | .84 (large) vs. .68 |
| 5. Parenting Efficacy | .00 | .77 (large) vs. .68 |

The largest change in the parenting area was for Parental Supervision (Effect Size *d*. = .84). This area improved the most and was larger than the Effect Size d = .68 in the SFP Irish National Data Base.

The area of Parenting Efficacy (Effect Size *d* = .77) had the next largest amount of positive change for SFP, compared to the national norm with *d*. = .68. Next largest changes were reported in Parenting Skill (Effect Size *d* = .73), which were larger than the Irish national norms of *d* = .64.

Overall, these are amazing increases in parent child management skills with Cohen d effect sizes ranging from .84 for Parental Supervision to .71 for Positive Parenting and Parental Involvement. Parental supervision did improve the most and much more than the SFP outcomes as can be seen by the comparison norms. The positive parenting skill outcomes however, bode well for the long-term effectiveness of this program in preventing later behavioral problems and substance use in the children.

**Table 8: Mean Changes in Parenting Risk and Protective Factors Compared to the SFP National Norms**

| Strengthening Family Program Evaluation Project | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Ballymun sites 621-622 | | | | | | | | | | |
| Monday, July 04, 2011 | | | | | | | | | | |
| | | | | | | | | | | |
| **Scale Name** | **# fam** | **Pre-Test** | **SD** | **Post-Test** | **SD** | **Change** | **F** | **sig** | **Effect Size d** | **ES d'** |
| Parental Involvement | | | | | | | 0.05 | 0.83 | 0.00 | 0.04 |
| Irish Norms | 77 | 3.24 | 0.98 | 4.31 | 0.65 | 1.07 | 112.78 | 0.00 | 0.60 | 2.44 |
| Ballymun | 17 | 3.06 | 0.84 | 4.18 | 0.67 | 1.12 | 38.77 | 0.00 | 0.71 | 3.11 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Parental Supervision | | | | | | | 0.30 | 0.59 | 0.00 | 0.11 |
| Irish Norms | 78 | 2.79 | 0.94 | 4.15 | 0.66 | 1.36 | 167.35 | 0.00 | 0.68 | 2.95 |
| Ballymun | 17 | 2.81 | 0.77 | 4.31 | 0.44 | 1.49 | 82.40 | 0.00 | 0.84 | 4.51 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Parenting Efficacy | | | | | | | 0.14 | 0.71 | 0.00 | 0.08 |
| Irish Norms | 78 | 2.83 | 1.01 | 4.14 | 0.73 | 1.30 | 161.57 | 0.00 | 0.68 | 2.90 |
| Ballymun | 17 | 2.78 | 0.78 | 4.00 | 0.69 | 1.22 | 53.30 | 0.00 | 0.77 | 3.65 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Positive Parenting | | | | | | | 0.44 | 0.51 | 0.00 | 0.14 |
| Irish Norms | 78 | 3.38 | 1.01 | 4.53 | 0.56 | 1.15 | 140.91 | 0.00 | 0.65 | 2.71 |
| Ballymun | 17 | 3.80 | 0.76 | 4.80 | 0.35 | 1.00 | 39.48 | 0.00 | 0.71 | 3.14 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| SFP Parenting Skills | | | | | | | 0.14 | 0.71 | 0.00 | 0.08 |
| Irish Norms | 78 | 3.07 | 0.86 | 3.96 | 0.69 | 0.89 | 136.60 | 0.00 | 0.64 | 2.66 |
| Ballymun | 17 | 3.13 | 0.75 | 4.08 | 0.57 | 0.95 | 43.78 | 0.00 | 0.73 | 3.31 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Parent Cluster Scale | | | | | | | 0.05 | 0.82 | 0.00 | 0.05 |
| Irish Norms | 74 | 3.06 | 0.77 | 4.19 | 0.49 | 1.13 | 191.44 | 0.00 | 0.72 | 3.24 |
| Ballymun | 17 | 3.09 | 0.58 | 4.25 | 0.38 | 1.17 | 100.10 | 0.00 | 0.86 | 5.00 |
| | | | | | | | | | | |

*Parent Substance Abuse*

One of the outcomes found for SFP is that as the parent's learn better parenting skills, spend more time with their children, and find that their parenting efficacy is improving, their depression and stress is reduced. This results in an improvement in the parent's overall mental health status and substance abuse. Rarely do we find significant reductions in the parents' use of alcohol and drugs by the posttest, but in this case of Ballymun parents there was a statistically significant reduction in use of alcohol and drugs.

Reported alcohol and drug use by the parents is reasonably low at the intake with a mean score of 1.65 for parents (just below 2.00 of "some use") at pre-test and decreased to 1.49 by the posttest. One would like to think that the parent's participation in SFP was causing the reduction in alcohol and drug use, but with only a quasi-experimental non-randomized control design we cannot conclude that. The reduction in use is statistically significant at *p*. = .03 for the parents. Possibly other recovery services provided by this agency or others in the community are contributing to the significant decrease in substance use in the parents by the posttest 14 to 16 weeks later. An effect size of *d* =.27 is a medium effect size and with 17 families in this year's sample, the statistical power was large enough to detect a significant decrease in substance use.

These improvements are much better (more than twice as large) as the SFP Irish National Norms (d=.11), which also has a significant improvement in the parent's substance use. However, the baseline use rate was higher than the substance use rates in the Ballymun Ireland sample this year.

**Table 9: Changes in Parent Alcohol and Drug Use**

| Strengthening Family Program Evaluation Project | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Ballymun sites 621-622 | | | | | | | | | | |
| Monday, July 04, 2011 | | | | | | | | | | |
| | | | | | | | | | | |
| **Scale Name** | **# fam** | **Pre-Test** | **SD** | **Post-Test** | **SD** | **Change** | **F** | **sig** | **Effect Size d** | **ES d'** |
| Alcohol & Drug Use | | | | | | | 0.01 | 0.91 | 0.00 | 0.02 |
| Irish Norms | 75 | 1.70 | 0.71 | 1.56 | 0.56 | (0.14) | 9.05 | 0.00 | 0.11 | 0.70 |
| Ballymun | 17 | 1.65 | 0.50 | 1.49 | 0.43 | (0.16) | 5.89 | 0.03 | 0.27 | 1.21 |

*Children's Behavioral and Emotional Improvements*

Six of eight or 75% of the SFP youth outcomes are statistically significant positive change even with the 4-month time frame from the pre- to post-test (this includes child outcome cluster). The six areas or outcomes with significant improvements were Overt Aggression, Covert Aggression, Concentration Problems, Social Behaviors, Depression, and Overall Cluster Variable. Concentration decreased the most with an effect size d of .76 or a large

decrease. Depression was the next largest decrease with an effect size of *d* = .62. The other two large decreases are Overt Aggression with *d*. =.59, and Covert Aggression with *d*. = .53. The other statistically significant outcome was increased child Social Skills, with *p*. = .04 and a medium effective size of *d*. = .23. The lower improvement in youth social skills than the Irish norms appears to be caused by the higher number of parents reporting Social Skills at intake for the youth in Social Skills at mean= 4.20 vs 3.79 for the Irish norms.

These changes generally occur later with the 6 and 12-month follow-up tests. Most studies of SFP find increased positive results with time in the children rather than diminished results (Kumpfer, et al, 2002). Spoth and his associates have recently reported 2 to 3 times reductions in lifetime diagnoses of any type of mental health problem (depression, anxiety disorder, social phobias, and even personality disorder) in 22 year old youth who had participated in SFP 10-14 ten years earlier (Trudeau & Spoth, 2005; Spoth & Trudeau, 2005). These results also suggests that SFP results are not specific to just major reductions in tobacco, alcohol and drug abuse, but also in mental health and juvenile delinquency services costs.

In this preliminary analysis of the data, we only have the first 4 months of data. Regardless of these caveats, the data suggest significant positive changes in five of the youth change variables.

**Table 10: SFP 12 –16 Years Child Outcomes for Pre- to Posttest Changes**

| Protective Factor | Sig. Level (p=) | 2010-11 Effect Size (d) vs Nat'l Norms |
|---|---|---|
| 1. Overt Aggression. | .00 | .59 (large) vs. .51 |
| 2. Covert Aggression | .00 | .53 (large) vs. .37 |
| 3. Concentration | .00 | .76 (large) vs. .60 |
| 4. Criminal Behavior | .16 | .12 (small) vs. .09 |
| 5. Hyperactivity | .84 | .00 (no change) vs. .09 |
| 6. Social Behavior | .04 | .23 (medium) vs. .34 |
| 7. Depression | .00 | .62 (large) vs. .49 |

Table 11 below shows all of the statistical outcomes for the children's changes for SFP 12-16 compared to the National Norms for SFP. The effect sizes for the statistically significant outcomes ranged from small at d = .00 for Hyperactivity to d = .76 for improvements in Concentration in the youth. These are small to large changes in the youth.

**Table 11: Means, SDs, Changes, F and P values, d and d' in Children's Risk and Protective Factors**

| Strengthening Family Program Evaluation Project | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Ballymun sites 621-6232 | | | | | | | | | | |
| Monday, July 04, 2011 | | | | | | | | | | |
| | | | | | | | | | | |
| **Scale Name** | **# fam** | **Pre-Test** | **SD** | **Post-Test** | **SD** | **Change** | **F** | **sig** | **Effect Size d** | **ES d'** |
| Concentration | | | | | | | 0.35 | 0.56 | 0.00 | 0.12 |
| Irish Norms | 74 | 2.79 | 0.85 | 3.49 | 0.75 | 0.70 | 107.56 | 0.00 | 0.60 | 2.43 |
| Ballymun | 17 | 2.67 | 0.74 | 3.46 | 0.74 | 0.78 | 49.36 | 0.00 | 0.76 | 3.51 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Covert Aggression | | | | | | | 0.15 | 0.70 | 0.00 | 0.08 |
| Irish Norms | 75 | 2.54 | 0.88 | 1.99 | 0.60 | (0.54) | 43.02 | 0.00 | 0.37 | 1.52 |
| Ballymun | 17 | 2.55 | 0.75 | 1.93 | 0.45 | (0.62) | 18.18 | 0.00 | 0.53 | 2.13 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Criminal Behavior | | | | | | | 0.68 | 0.41 | 0.01 | 0.17 |
| Irish Norms | 74 | 1.50 | 0.84 | 1.32 | 0.63 | (0.18) | 6.88 | 0.01 | 0.09 | 0.61 |
| Ballymun | 17 | 1.09 | 0.20 | 1.03 | 0.12 | (0.06) | 2.13 | 0.16 | 0.12 | 0.73 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Depression | | | | | | | 2.03 | 0.16 | 0.02 | 0.30 |
| Irish Norms | 74 | 2.64 | 0.81 | 2.00 | 0.67 | (0.64) | 71.20 | 0.00 | 0.49 | 1.98 |
| Ballymun | 17 | 2.85 | 1.00 | 1.96 | 0.55 | (0.90) | 26.51 | 0.00 | 0.62 | 2.57 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hyperactivity | | | | | | | 1.11 | 0.30 | 0.01 | 0.22 |
| Irish Norms | 73 | 2.93 | 0.86 | 3.08 | 0.81 | 0.16 | 7.21 | 0.01 | 0.09 | 0.63 |
| Ballymun | 17 | 2.98 | 0.79 | 3.00 | 0.87 | 0.02 | 0.04 | 0.84 | 0.00 | 0.10 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Overt Aggression | | | | | | | 0.03 | 0.87 | 0.00 | 0.04 |
| Irish Norms | 72 | 2.66 | 0.89 | 1.93 | 0.52 | (0.73) | 74.78 | 0.00 | 0.51 | 2.05 |
| Ballymun | 17 | 2.52 | 0.73 | 1.75 | 0.50 | (0.76) | 22.85 | 0.00 | 0.59 | 2.39 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Social Behavior | | | | | | | 0.79 | 0.38 | 0.01 | 0.19 |
| Irish Norms | 73 | 3.79 | 0.69 | 4.09 | 0.58 | 0.30 | 36.83 | 0.00 | 0.34 | 1.43 |
| Ballymun | 17 | 4.20 | 0.69 | 4.41 | 0.59 | 0.20 | 4.75 | 0.04 | 0.23 | 1.09 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| Child Cluster Scale | | | | | | | 0.07 | 0.79 | 0.00 | 0.06 |
| Irish Norms | 65 | 3.30 | 0.59 | 3.84 | 0.43 | 0.53 | 86.31 | 0.00 | 0.57 | 2.32 |
| Ballymun | 17 | 3.41 | 0.46 | 3.98 | 0.39 | 0.57 | 52.73 | 0.00 | 0.77 | 3.63 |
| | | | | | | | | | | |

***Overt Aggression***. The Overt Aggression variable is also generally found to be difficult to change and sometimes does not improve significantly by the posttest, and by getting a large effect size on improving the variable of Overt Aggression, this agency did a good job by implementing the program. In Ballymun Ireland, youth overt aggression as significantly reduced (*p*. = .00) with a large effect size of .59, which was larger than the national norm of *d*. = .51.

In the Washington D.C. study (Gottfredson, Kumpfer, et al., 2005) overt aggression did not have a statistically significant improvement .The effect size is also moderate in the SFP National Database (*d* =. 51), but for this Ballymun site it is larger at *d* = .59. This amount of positive change represents a very impressive 4-month posttest outcome for just a 14-session parenting and family program.

***Covert Aggression.*** Positive outcomes for Covert Aggression were also statistically significant at the *p*. = .00. Generally girls are more likely to engage in covert aggression (stealing, lying, gossiping, whispering, eye rolling, character assignation) than boys. The effectiveness of the SFP for covert aggression was effect size of *d* = .53 compared to nationally norm of .37. When we get enough data we will conduct a gender analysis to see if covert aggression is higher in girls and whether SFP is as successful in reducing covert aggression as overt aggression in girls and boys separately.

***Improved Concentration or Reduced Attention Deficit.*** The effect size for reductions in attention deficit or problems in concentration in the children is the highest of all seven of the child behavioral measures compared with other child outcomes. The effect size this year (2010) for SFP is *d* = .76. This compares favorably to *d* = .60 found for the national norms. A major complaint of parents is that children today do not focus and pay attention. This large change in the children's ability to concentrate, at least in the view of the parents, is very positive. Inability to concentrate causes children to have school academic problems, which is a major risk factor for later association with antisocial peers and drug use (Kumpfer, Alvarado, & Whiteside, 2003).

***Criminal Behavior.*** Antisocial criminal behavior was reported by parents to be very low at a mean of only 1.09 for the children at the pretest resulting in a decrease to 1.03 by the posttest. Because of the floor effect, the pretest score was so low that, there was no room for significant improvements when coupled with the small sample size. If the rate of criminal behavior is so low, it is hard to make it much lower, but even within 4 months, the parent's reported a decrease in criminal behavior in their teens participating in SFP 12-16 Years.

***Child Hyperactivity*.** Hyperactivity was slightly increased after the program, but this increase was not significant (*p*. < .84). Youth Hyperactivity was reported to be higher at baseline or intake (mean 2.98) than the national average (mean 2.93). However, hyperactivity increased a little bit of 3.00 at the posttest. The SFP Irish Database finds significant increase in Hyperactivity in the children *p* = .01 at a small effect size (Effect Size =.09) with a small increase in hyperactivity by the posttest (mean 2.93 to 3.08). We have conducted a study within this national database and found that group leaders who are warmer and well liked tend to promote better changes in the clients, except for increasing the children's hyperactivity and the parent's depression (Park & Kumpfer, 2005).

***Social Behavior***. Social Behavior improved significantly with medium changes in the effect sizes of the youth's Social Skills and Competencies (d = .23) with a statistically significant outcome of p=0.4. The lower improvement in youth Social Skills than the Irish norms (d=.34) appears to be caused by the higher parent reported Social Skills at intake for the youth, at mean= 4.20 vs 3.79 for the Irish norms. This medium effect size is similar to the effect sizes for the best social skills training programs at *d* = .25 for all life or social skills training programs included in the Tobler meta-analysis study discussed above in Table 3. SFP includes a 14 session children social skills curriculum based on the best evidence based social skills models, such as Shure and Spivack's *I can Problem Solve Program*. It includes sessions on problem solving, decision making, communication skills, coping with anger and depression, and even dating relationships in the older adolescent version of SFP 12 – 16 Years (Kumpfer & Whiteside, 2006).

***Children's Depression.*** There was a statistically significant decrease in depression (*p*. = .00). The children were a little higher at the pretest in depression than the SFP norms. Also the effect sizes were impressive (*d* = .62) for SFP 12 –16 or a large effect size. This amount of change in depression in the younger teens was much higher than the effect size for the national norms of .49. SFP includes a 14- session children social skills curriculum based on the best evidence based social skills models, such as Shure and Spivack's *I can Problem Solve Program*. It includes sessions on communication skills and coping with anger and depression. In addition, the improvements in the way the parents are treating their children with less corporal punishment and more attention for wanted behaviors can contribute to reduced depression. Children whose parents begin the recovery process also have a reduction in depression because they become hopeful of a better family life and relationship with their parent.

## IV. Overall Strengthening Families Program Results for 2010

The following Table 11 reports on the total data tables for the SFP program for 2010 participants (n = 17 families). Table 11 also includes comparison of this agencies data to that of the Irish national database of all participant families that has send data to LutraGroup (n = 79 families). This analysis included the effect sizes calculated by both the d' prime and Cohen's d as calculated by eta squared. The statistical significance values are to pre-to posttest ANOVA within-S analyses. These are the raw results reported on above and suggest very good outcomes that are better than the average results found for almost 79 families in the Strengthening Families Program Irish National Database. The parenting outcomes are

particularly strong with all of the five outcomes having larger effect sizes over $d < .71$ and larger than the Irish SFP norms.

**Table 13: SFP Compared to SFP National Norms for All 21 Outcome Variables (Pre- to Posttest Means, SDs, Change Scores, Fs, p-values, and Effect Sizes for All Outcome Variables**

| Strengthening Family Program Evaluation Project | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Ballymun sites 621-622 | | | | | | | | | | |
| Monday, July 04, 2011 | | | | | | | | | | |
| | | | | | | | | | | |
| Scale Name | Sample | Pre-Test | SD | Post-Test | SD | Change | F | sig | Effect Size d | ES d' |
| Parental Involvement | | | | | | | 0.05 | 0.83 | 0.00 | 0.04 |
| Irish Norms | 77 | 3.24 | 0.98 | 4.31 | 0.65 | 1.07 | 112.78 | 0.00 | 0.60 | 2.44 |
| Ballymun | 17 | 3.06 | 0.84 | 4.18 | 0.67 | 1.12 | 38.77 | 0.00 | 0.71 | 3.11 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Parental Supervision | | | | | | | 0.30 | 0.59 | 0.00 | 0.11 |
| Irish Norms | 78 | 2.79 | 0.94 | 4.15 | 0.66 | 1.36 | 167.35 | 0.00 | 0.68 | 2.95 |
| Ballymun | 17 | 2.81 | 0.77 | 4.31 | 0.44 | 1.49 | 82,40 | 0.00 | 0.84 | 4.51 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Parenting Efficacy | | | | | | | 0.14 | 0.71 | 0.00 | 0.08 |
| Irish Norms | 78 | 2.83 | 1.01 | 4.14 | 0.73 | 1.30 | 161.57 | 0.00 | 0.68 | 2.90 |
| Ballymun | 17 | 2.78 | 0.78 | 4.00 | 0.69 | 1.22 | 53.30 | 0.00 | 0.77 | 3.65 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Positive Parenting | | | | | | | 0.44 | 0.51 | 0.00 | 0.14 |
| Irish Norms | 78 | 3.38 | 1.01 | 4.53 | 0.56 | 1.15 | 140.91 | 0.00 | 0.65 | 2.71 |
| Ballymun | 17 | 3.80 | 0.76 | 4.80 | 0.35 | 1.00 | 39.48 | 0.00 | 0.71 | 3.14 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| SFP Parenting Skills | | | | | | | 0.14 | 0.71 | 0.00 | 0.08 |
| Irish Norms | 78 | 3.07 | 0.86 | 3.96 | 0.69 | 0.89 | 136.60 | 0.00 | 0.64 | 2.66 |
| Ballymun | 17 | 3.13 | 0.75 | 4.08 | 0.57 | 0.95 | 43.78 | 0.00 | 0.73 | 3.31 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Parent Cluster Scale | | | | | | | 0.05 | 0.82 | 0.00 | 0.05 |
| Irish Norms | 74 | 3.06 | 0.77 | 4.19 | 0.49 | 1.13 | 191.44 | 0.00 | 0.72 | 3.24 |
| Ballymun | 17 | 3.09 | 0.58 | 4.25 | 0.38 | 1.17 | 100.10 | 0.00 | 0.86 | 5.00 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Family Cohesion | | | | | | | 0.00 | 0.97 | 0.00 | 0.01 |
| Irish Norms | 79 | 3.25 | 1.13 | 4.35 | 0.67 | 1.11 | 126.34 | 0.00 | 0.62 | 2.55 |
| Ballymun | 17 | 3.29 | 0.90 | 4.41 | 0.62 | 1.12 | 36.67 | 0.00 | 0.70 | 3.03 |
| Family Communication | | | | | | | | 0.04 | 0.84 | 0.00 |
| Irish Norms | 79 | 2.91 | 0.72 | 4.23 | 0.53 | 1.32 | 278.18 | 0.00 | 0.78 | 3.78 |
| Ballymun | 17 | 2.87 | 0.54 | 4.24 | 0.50 | 1.36 | 79.59 | 0.00 | 0.83 | 4.46 |
| Family Conflict | | | | | | | 0.23 | 0.63 | 0.00 | 0.10 |
| Irish Norms | 79 | 3.08 | 1.16 | 2.36 | 0.84 | (0.72) | 35.58 | 0.00 | 0.31 | 1.35 |
| Ballymun | 17 | 3.22 | 1.28 | 2.37 | 0.89 | (0.85) | 10.99 | 0.00 | 0.41 | 1.66 |
| Family Organization | | | | | | | 0.69 | 0.41 | 0.01 | 0.17 |
| Irish Norms | 79 | 2.20 | 0.92 | 3.85 | 0.81 | 1.66 | 303.24 | 0.00 | 0.80 | 3.94 |
| Ballymun | 17 | 2.32 | 0.66 | 3.79 | 0.70 | 1.47 | 64.57 | 0.00 | 0.80 | 4.02 |
| Family Strengths/Resilience | | | | | | | | | 0.70 | 0.41 |
| Irish Norms | 76 | 2.97 | 0.87 | 4.17 | 0.57 | 1.20 | 194.13 | 0.00 | 0.72 | 3.22 |
| Ballymun | 17 | 2.76 | 0.65 | 4.12 | 0.60 | 1.36 | 110.50 | 0.00 | 0.87 | 5.26 |
| Family Cluster Scale | | | | | | | 0.14 | 0.71 | 0.00 | 0.08 |
| Irish Norms | 76 | 2.86 | 0.74 | 4.08 | 0.52 | 1.22 | 250.96 | 0.00 | 0.77 | 3.66 |
| Ballymun | 17 | 2.76 | 0.60 | 4.05 | 0.53 | 1.29 | 87.78 | 0.00 | 0.85 | 4.68 |
| Concentration | | | | | | | 0.35 | 0.56 | 0.00 | 0.12 |
| Irish Norms | 74 | 2.79 | 0.85 | 3.49 | 0.75 | 0.70 | 107.56 | 0.00 | 0.60 | 2.43 |
| Ballymun | 17 | 2.67 | 0.74 | 3.46 | 0.74 | 0.78 | 49.36 | 0.00 | 0.76 | 3.51 |
| Covert Aggression | | | | | | | 0.15 | 0.70 | 0.00 | 0.08 |
| Irish Norms | 75 | 2.54 | 0.88 | 1.99 | 0.60 | (0.54) | 43.02 | 0.00 | 0.37 | 1.52 |
| Ballymun | 17 | 2.55 | 0.75 | 1.93 | 0.45 | (0.62) | 18.18 | 0.00 | 0.53 | 2.13 |
| Criminal Behavior | | | | | | | 0.68 | 0.41 | 0.01 | 0.17 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Irish Norms | 74 | 1.50 | 0.84 | 1.32 | 0.63 | (0.18) | 6.88 | 0.01 | 0.09 | 0.61 |
| Ballymun | 17 | 1.09 | 0.20 | 1.03 | 0.12 | (0.06) | 2.13 | 0.16 | 0.12 | 0.73 |
| Depression | | | | | | | 2.03 | 0.16 | 0.02 | 0.30 |
| Irish Norms | 74 | 2.64 | 0.81 | 2.00 | 0.67 | (0.64) | 71.20 | 0.00 | 0.49 | 1.98 |
| Ballymun | 17 | 2.85 | 1.00 | 1.96 | 0.55 | (0.90) | 26.51 | 0.00 | 0.62 | 2.57 |
| Hyperactivity | | | | | | | 1.11 | 0.30 | 0.01 | 0.22 |
| Irish Norms | 73 | 2.93 | 0.86 | 3.08 | 0.81 | 0.16 | 7.21 | 0.01 | 0.09 | 0.63 |
| Ballymun | 17 | 2.98 | 0.79 | 3.00 | 0.87 | 0.02 | 0.04 | 0.84 | 0.00 | 0.10 |
| Overt Aggression | | | | | | | 0.03 | 0.87 | 0.00 | 0.04 |
| Irish Norms | 72 | 2.66 | 0.89 | 1.93 | 0.52 | (0.73) | 74.78 | 0.00 | 0.51 | 2.05 |
| Ballymun | 17 | 2.52 | 0.73 | 1.75 | 0.50 | (0.76) | 22.85 | 0.00 | 0.59 | 2.39 |
| Social Behavior | | | | | | | 0.79 | 0.38 | 0.01 | 0.19 |
| Irish Norms | 73 | 3.79 | 0.69 | 4.09 | 0.58 | 0.30 | 36.83 | 0.00 | 0.34 | 1.43 |
| Ballymun | 17 | 4.20 | 0.69 | 4.41 | 0.59 | 0.20 | 4.75 | 0.04 | 0.23 | 1.09 |
| Child Cluster Scale | | | | | | | 0.07 | 0.79 | 0.00 | 0.06 |
| Irish Norms | 65 | 3.30 | 0.59 | 3.84 | 0.43 | 0.53 | 86.31 | 0.00 | 0.57 | 2.32 |
| Ballymun | 17 | 3.41 | 0.46 | 3.98 | 0.39 | 0.57 | 52.73 | 0.00 | 0.77 | 3.63 |
| Alcohol & Drug Use | | | | | | | 0.01 | 0.91 | 0.00 | 0.02 |
| Irish Norms | 75 | 1.70 | 0.71 | 1.56 | 0.56 | (0.14) | 9.05 | 0.00 | 0.11 | 0.70 |
| Ballymun | 17 | 1.65 | 0.50 | 1.49 | 0.43 | (0.16) | 5.89 | 0.03 | 0.27 | 1.21 |

## V. CONCLUSION AND RECOMMENDATIONS

The Ballymun Local Drugs Task Force (BLDTF) has implemented the Strengthening Families Program to improve parenting, improve family functioning and prevent substance abuse and juvenile delinquency. This family-based strategy targets families with children age 12 to 16 years with risk factors for substance abuse. The agency has mounted an aggressive implementation adapting the program to an Irish context and presenting SFP in a way that is safe, accessible and welcoming for the targeted families. SFP is provided in serial cycles that are continuous throughout the year, allowing for maximum opportunities for clients of the associated partner agencies to participate in the program.

For this 2010 evaluation report we had data on 18 families from both their Spring 2010 group and their Fall 2010 groups of which analysis in the report is based on 17 families. This is a very good sample size and much larger than prior reports. In Year 01 (2008), a pilot group cycle had been conducted with data analysis on 7 families suggesting very good results. In the second programme of Year 1 there were 6 more valid parent posttests with pretests. The prior data analysis report combined both pilot and the second programme as Year 1 data to get a larger sample of 13 parents with complete data for data entry and analysis since a larger sample size is better for a report. However, for this 2010 evaluation report (Year 3) we have a very large sample of 18 parent tests completed in the spring and the fall 2010 groups. [4]

The outcome results are excellent with significant improvements in 100% or all five family outcomes, 100% or all of five parenting outcomes and 75% or six of eight youth outcomes (this includes child cluster scale). The results suggest large improvements in the parents, in the family environment and family resilience. Even by the immediate posttest, the data suggest that the children's behaviors are already showing statistically significant improvements in six areas measured Overt Aggression, Covert Aggression, Depression, Social Skill, Concentration Problems and Overall Child Cluster (average) score. These risk factors are the most important in reducing later substance abuse. In addition these positive outcomes in children's behaviors are larger than other SFP sites nationwide in the United States. The non-significant improvements in Hyperactivity one that the Irish norms also didn't find improved are because the children are teenagers for the most part so that scale pertains more to younger children. The reason for the non-significant decreased Criminality was caused by floor effect, in that the pretest score was so low that, there was no room for significant improvements.

<u>Overall the number of positive parent, family and child outcomes are improved this year and outstanding compared to the Irish norms.</u>

One recommendation is to dedicate some funds to have at least a single fidelity site visit to document what is happening to develop such good results. A site visit would provide

[4] 2009 data has not yet been analysed by LutraGroup. Due to the small number of completed data for 2009 relative to 2010 data, it was decided by BLDTF to the prioritize 2010 report. It is intended to analyse 2009 data in due course.

a more detailed process evaluation report that would measure curriculum fidelity and observe the implementation in terms of staffing, context and program components.

Completion of the SFP Site Information Survey in Appendix 1 would also increase the information transmitted to the evaluation team about how the program was implemented. Recommendations for improvement would be more useful when knowing more about the program implementation qualities.[5]

The overall recommendation is to keep up the good work since the results are excellent with a very large number of families completing this year.

[5] BLDTF are currently preparing the site information survey for the 2010 programmes as required by Lutragroup. Site information reports have previously accompanied the data sent to LutraGroup for other programmes.

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**APPENDIX 1**

## STRENGTHENING FAMILIES PROGRAM EVALUATION
## SITE INFORMATION SURVEY

RETURN TO:
Karol L Kumpfer, Ph.D.
LutraGroup
5215 Pioneer Fork Road
Salt Lake City, UT 84108

LutraGoup, Inc. is conducting an independent process evaluation of the implementation and program delivery of Strengthening Families Program. Please complete the following survey and return it to the above address. These will help to extend the information that is gathered at site visits in the coming year.

I can be contacted with any questions and to help clarify. If it would be easier to fill this out electronically, email me or fax to me at 801 583-7979.

Karol L. Kumpfer, Ph.D.
kkumpfer@xmission.com
(801) 582-1652 or (801) 583-4601
Fax: (801) 583-7979

**PLEASE COMPLETE IN WORD, PRINT (SEND WITH TESTS) but also EMAIL to be used in the your report!!!!!**

DATE: ________________________

AGENCY: ____________________________________________________

CONTACT NAME: _____________________________________________

TITLE: _______________________________________________________

PHONE NUMBER: ________________________________

FAX NUMBER: ________________________________

EMAIL: __________________________________________

ADDRESS: ________________________________

________________________________

In order to better understand your agency and program, please complete the following table.

| PROGRAM INFORMATION | *IMPLEMENTATION* DATA |
|---|---|
| Funding Source: | |
| SFP Curriculum (3-5, 6-11,10-14,12-16) | |
| Geographic (Rural/Sub/Seasonal/Urban) | |
| Predominant Ethnicity(ies) (W/B/H/O) | |
| Languages (English/Spanish/Other(list) | |
| # "Parents"/Adults enrolled in Parent Sessions | |
| # Children enrolled in Child Sessions | |
| Target Child Age Range (e.g.3-5, 6-11, 11-14, 12-16) | |
| Special Eligibility Criteria (e.g., risk factor/ethnicity) | |
| Start Date | |
| Finish Date | |
| Day of Week and Time | |
| # Sessions | |
| # Families Recruited | |
| # Families Started | |
| # Families Completed | |
| # Families Attended Less Than 8 Sessions. | |
| # Families Attended 8-11 Sessions | |
| #Families Attended 12-14 Sessions | |
| # Children Started Program | |
| # Adults Started Program | |
| # Children Completed Program | |
| # Adults Completed Program | |
| Site (Clinic/Church/Agency/Housing/School, etc.) | |
| Partner Agency, if any (include type, e.g. preschool, church, Tx agency) | |
| Meal (Dinner/Lunch/Breakfast) | |
| In-Session Incentives Type: Cash/Vouchers/Grab Bags | |
| In-Session Incentives Intensity: Weekly/Intermittent | |
| Completion Incentives Type: Cash/Vouchers/Gifts | |
| Special Graduation Activities | |
| Evaluation: # retro parent tests completed/submitted | |
| # Child Protective Services Referrals | |

| | |
|---|---|
| # Court Ordered Referrals | |
| #Criminal Justice Referrals | |
| #Substance Abuse Treatment Ref. | |
| # Protective Services Involved Families | |
| # Work Training Involved Families | |
| #Criminal Justice Involved Families | |
| #Substance Abuse Treatment Involved Families | |
| Transportation Provided (Y/N) | |
| On-site Child Care (Y/N) | |
| # Child Group Leaders | |
| # Parent Group Leaders | |
| Separate Site Coordinator (Y/N) | |
| Booster/Follow-Up Session (Date) | |

Additional Innovations:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
_______________

Lessons Learned:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
_______________

Additional Comments/Insights/Suggestions (use space below or attach pages as needed):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
_______________

**THANKYOU!!!**

## APPENDIX 2- Strengthening Families Program Fidelity Benchmarks

## FIDELITY BENCHMARKS: SFP Recommended Best Practices and Program Standards

SFP is designed to reduce family environmental risk factors and improve protective factors with the ultimate objective of increasing personal resilience to drug use in high-risk youth. Research has demonstrated that the program is equally effective in reducing risk precursors for mental disorders and juvenile delinquency. SFP has been recommended as a science-based substance abuse and delinquency prevention program by all federal agencies conducting expert reviews of individual programs, such as NIDA, CSAP, CMHS, DOE Safe and Drug-free Schools, NIAAA, and OJJDP. These expert reviews have based their analysis of SFP on over 15 studies that have been identified and are recommended based on evidence-based research conducted since 1983.

### Funding

Strengthening Families Program has a recommended budget based on a capacity of 12 families, but in reality many groups begin with 12 families (over-recruiting) to end up with a functionally sized group of about 8 families. Expenses for conducting the program include site coordination, group leaders for delivering the program to families, food for a family meal, supplies (including grab bag-session incentives), graduation celebration, transportation, childcare and booster sessions. In-kind contributions are encouraged. This includes soliciting incentives, in the form of gifts from the community, for family participation. It is usual and customary for the physical site to be at no direct cost and located in the host or a partner facility (i.e., school, church, library, treatment facility).

### Target Population

SFP can be used with universal, selected, and indicated populations and have been tested with all three types of primary prevention approaches. SFP version that was originally designed for families with children ages 6 – 11 years of age. SFP is able to accommodate families with single or multiple primary caretakers (parenting) figures and multiple or single children within the age range. Parent is defined as the child's primary caregiver(s) and is interpreted in a broad context (e.g., foster parents, boyfriends, step parents, adoptive parents, kinship care, etc.). The program was designed for families with risk factors for substance abuse and delinquency.

### Staffing

A total of four group leaders are recommended to deliver the program. The program works best having a group leader and co-group leader for the Parent Training group and another group leader and co-group leader for the Children's Skill Training group. During the Family Skills Training sessions, the families may split into two groups with two group leaders in each group, or meet as a whole with four group leaders. It is strongly

recommended that the two group leaders be gender balanced (both a man and a woman) and ethnically matched to the participants.

A Site Coordinator is responsible for oversight, logistics, staff supervision and coordinating the program implementation and delivery. This includes being accessible to families between sessions, towards assuring retention.

The staff implementing SFP is to have completed the SFP two-day training. It is not necessary for staff to be credentialed in mental health or substance abuse treatment or prevention, although it may be helpful with some higher-risk populations.

Additional staff includes childcare providers, food preparation, staff and van drives, as needed for program implementation. Childcare providers are recommended to provide on-site childcare and supervision of families' youth not participating in the curriculum due to age inappropriateness. In some communities staff includes food preparation, staff and van drivers.

<u>Sites and Logistics</u>

Sites are selected based on accessibility and appropriateness for families to come together for a positive skills building program. The site must avoid stigmatizing or labeling attending families based on the local community's perception of the activities and persons that generally frequent the site. For example, in some communities the substance abuse treatment center is only frequented by persons who are diagnosed with substance abuse treatment disorders, which deters families from "being seen there." Some correctional facilities do not permit or are not considered appropriate for children. The site must be accessible by public transportation in those communities where the families utilize such transportation and/or have parking available in convenient well-lit lots. The site must not only be safe, but must be perceived as safe, particularly for young and vulnerable children.

The program recommends that the site have adequate facilities for separate rooms for the children and parents to meet for one hour and for the families to meet together for a meal and one hour of program curriculum. Additionally, there must adequate space for childcare while parents are attending sessions. If the meal is to be prepared or stored on-site, there must be adequate facilities for food safety.

The Strengthening Families Program is designed to be conducted in 14 consecutive sessions, with each session lasting approximately two hours. In some sites the program has been delivered twice a week over 7 weeks, but the recent analysis of the data in the NIDA research study suggests that the results for reductions in antisocial behavior is not as good if the program doesn't run for 14 weeks. This additional time allows the parents more practice time with their children to reduce their acting out behaviors. Generally a light meal is served to families as they arrive, making the activities 2 ½ hours in duration at each session. Following the general welcome, the first hour is spent with the parents and children meeting in their own respective groups. At the end of these groups, families are reunited and have a short break together. The second hour is spent in the Family Skills Training portion of the

program. Depending on the number of participants, this group may be divided into smaller groups or may remain together.

**Curriculum Fidelity**

Skills training methods for the parents', children's and family groups include lecture, demonstration, discussion, role playing, audio-visuals, charts, homework assignments, practicum exercises, peer support, puppet shows, games, Child's Game, Parents' Game, supervised practice and video-taping practicum exercises. Actual delivery of the direct services will vary depending on the individual characteristics of the group leaders. The curriculum is spelled out in manuals complete with instructions for delivery, key lecture content, details of activities, lists of materials needed, homework assignments and handouts for copying and distribution. An overview of the Parent Training, Child Training and Family Training curriculum is indicated in the Table of Contents of each module.

Curriculum fidelity is dependent on group leaders' delivering all 14 sessions, assigning and reviewing homework and including the content areas specified for each session in sequence. Additionally, group leaders are expected to model the tenants of the program when interacting with the families, including at the family meal. Activities and skills are designed for and appropriate to children ages 6 – 11 years.

It is recommended that each local site tailor the program to accommodate cultural and community diversity. The program is designed to provide a framework and an outline of activities that will meet each program lessons objectives. The skills and activities are prescriptive and designed to be sequentially lead to the families (both children and parents) developing skills proven to result in improved family, child and parent behavioral and affective outcomes and reduced risk behaviors. (These outcomes are assessed in the outcome evaluation instruments). However, the group leaders are encouraged to make the program more culturally and locally appropriate by changing the names of people in the stories or puppet plays, using more appropriate ethnic stories for story telling, adding food, cultural and dances or games that the participants find reflect their traditional family values.

Group leaders are not encouraged to read from the training manuals during the sessions, but rather to present the material in a well-thought out professional manner. They are encouraged to use personally developed flip charts or poster boards for visual outlines of their major points. This helps visual learners to learn better, personalizes the program (vs. power point presentations or overheads), and helps the Group Leaders not to read from their books. They look better prepared and respectful to the families with prepared material in advance of the group. Group leaders should personalize the delivery to fit their style, local language and examples.

**Recruitment and Retention**

SFP is a 14 session curriculum that allows for adequate time and dosage for families to learn, implement, practice and evaluate their progress in skill building, particularly in areas of family communication, positive discipline and family organization. Retention of families in

a 14-session program today is very challenging. SFP recommends meals, childcare, transportation, and culturally matched group leaders to increase retention. SFP considers families completing 12 of 14 sessions to graduate.

Attrition has been higher in the initial implementation and retention should increase in subsequent cycles. Incentives for attendance, offering services that are needed to remove barriers to attendance and staff that are sensitive to and responsive to the target population are keys to reducing attrition.

Reducing Barriers to Attendance: Incentives, Child Care, and Transportation

Program incentives for participation increase retention and reinforce the program. Incentives that are tied to, build on and reinforce the curriculum are recommended. These include a family meal provided at each session, transportation, childcare, graduation certificates and completion rewards, and intermittent grab bags and supplies necessary for the family to complete the homework assignments and weekly curriculum activities. Many programs offer additional incentives, including weekly vouchers for attendance with cash value.

Childcare is recommended to be provided at the site during the sessions. Since the program is promoting parental responsibility and family organization, the program needs to facilitate and assure age appropriate care for other children in the family, both younger and older than the participating children. Childcare provision or babysitting is to be in keeping with providing safety and fun for children not including in the skills training.

Transportation to and from the program needs to be assured and coordinated within the resources of the community and program. This is particularly true since the families this program targets often do not have access to private transportation and/or cannot afford the gas to attend a program of this duration. Additionally, many of these families do not want and should not have to disclose that transportation is the barrier, particularly in the recruitment and early sessions of the program. Taking "hand outs" can be stigmatizing and shaming for some families.

**Evaluation Methodology**

A combined process evaluation and outcome evaluation is recommended. Standardized assessment instruments have been developed and are available for measurement of program effectiveness and fidelity. Additionally site visits and video taping are recommended to confirm findings and make observations. The recommended outcome instrument is the SFP Parent Retrospective Pre/Posttest to be administered during the 13th or 14th session to all participating parents.

Follow-up Booster Sessions

Following the completion of the fourteen sessions, programs need to address follow-up and on-going support for families. This includes linkage when necessary to community services. This also includes any plan for a 6-month Follow-up or Booster Session. At these sessions

the families come together again. It is an opportunity for the families to reflect on the programs impact on their lives, receive assistance in content areas unclear or problematic, to receive new educational or family skill building, participate in program evaluation and, moreover, reinforce the positive bonds they built with each other in the program. The format for these sessions is flexible and determined by the needs of the families, programs, evaluators and funding prerequisites.

## APPENDIX 3

### *STRENGTHENING FAMILIES PROGRAM*
### PARENT/GUARDIAN RETRO PRE/POST TEST QUESTIONNAIRE [6]

**INSTRUCTIONS TO PERSONS ADMINISTERING THIS QUESTIONNAIRE**
**(Please read in advance. Do NOT read aloud!)**[7]

Have the parents/guardians take the retrospective/post-questionnaire at an additional session if possible. If not, administer it either a week prior to graduation or at the graduation. This questionnaire asks the parents to report on their parenting skills and their identified child's skills ***in the month* BEFORE beginning this class and *in the last month* before THE CLASS ENDS**. We know that the evaluation process can feel intrusive. We apologize, but we need your help and support to make this work – so that *CF!* can become an "evidence based program." This designation is crucial to the long term functioning and financing of the program. Without this level of evaluation, funding will not be available through state, federal, and county funding sources. This is an opportunity to find out how successful this program is for your community. Your attitude is contagious as you have established yourself as a leader and role model for these families.

**QUESTIONNAIRE INSTRUCTIONS**
**(Please read in advance. Do NOT read aloud)**
Have Parents determine the Identified Child to be rated. The parents are asked to rate only one child in the program so that they don't have to fill out forms for all children.

**For those sites that are receiving funding for a specific SFP age version, the parents MUST rate a child in that age range (SFP 3-5, 6-11, 10-14, or 13 –17) attending the program as the "identified" child.**

If the parent has more than one child in the SFP program age range attending groups, it is best for them to select the child with the most behavioral problems or the oldest child in that age range. If more than one adult is attending, the mother or father should rate the identified child and the second adult (e.g., spouse, step parent, foster parent, grandparent) should rate the child with the next most behavior problems.

Read each of the Questionnaire's questions and the answers out loud to the parents as a group. (Write the scale on a flip chart or the board to point to them). Have participants confidentially write their answers in the answer spaces on the questionnaire. If no answer

[6] This retro pre and post questionnaire is used in the Ballymun sites however certain questions are modified to accommodate cultural differences (eg grade in school, level of educational attainment etc)
[7] Karol Kumpfer, Ph.D. Psychologist, Department of Health Promotion and Education, University of Utah for *Celebrating Families!*™ and Strengthening Families Program evaluation. It can be used only by authorized personnel on this project.

fits the response categories, have the parents mark "Other" and write down their answer. The evaluation staff will use this data to create new categories on the next version of this questionnaire. The parents have the right to not complete any question that they don't want to.

## IMPORTANT INSTRUCTIONS FOR MONITORING POST/RETRO QUESTIONNAIRE

**(Please read in advance. Do NOT read aloud)**

Please monitor that the parents have written down ***two numbers*** next to each question. Remind parents as they complete the questionnaire for each question that they should write a number for how things were ***when they started*** the class and then a number for ***now***. ***Monitor after the first few questions, and check again when they turn in their sheets. If some are not completed, ask them to finish the questionnaire with two numbers per question***. (The questionnaires are useless if they only write down one score for each question or mark the same number (5) for all questions. So please stress to parents that the ***numbers should be different*** ***if they think that their family has improved or changed***.) It may be helpful to have blank pieces of paper available that parents can use like rulers to line up under the questions and answer blanks to be sure they put the numbers in the correct spaces.

**COLLECTING THE QUESTIONNAIRES FROM PARENTS**

(1) Have a manila envelope addressed to Dr. Kumpfer at LutraGroup, (2) Have the parents place the completed Questionnaires in the envelope. (3) When you have collected them all, make a photocopy and then mail by regular postal service or Federal Express the originals to Dr Kumpfer. Please do not send by Certified Mail as they get returned if no one is at office to sign for them. Keep the photocopies in a labeled file so you can find them in case the originals are lost in the mail. (4) In the envelope, please include your one page Site Coordinator Information Survey, Retro/Post Questionnaires parent with Client Satisfaction, youth surveys for youth 10 and above, and new Group Leader surveys. **Include a cover sheet that states:**

The agency
The beginning and end days of the cycle
The number of families starting and completing the cycle.
A contact person at the agency if we have any questions.

If you have any questions you can contact Dr. Karol Kumpfer, evaluator, directly at: 801. 582.1652 mornings or 801 583 4601 or 801 581 7718 afternoons or at kkumpfer@xmission.com.

Dr. Karol Kumpfer
LutraGroup
5215 Pioneer Fork Road
Salt Lake City, Utah 84108
801 583 4601

***Thank you! We appreciate all your efforts!***

**Retro/Post-Questionnaire Instructions to the Parent**
**(To be read EXACTLY AS WRITTEN)**

You and your family have completed the Strengthening Families Program to help your family to be stronger, kinder, and more organized. You have learned how to be a better parent and your child or children learned many new social skills to make friends more easily, behave better at home, and do better in school. To know how much you and your child(ren) have changed, we are asking you some questions. First we will ask about you and your family **BEFORE the class**, and then we will ask how your family is **NOW**. Please answer these questions as honestly and accurately as you can. Your answers are confidential and will not be told to any one, including any agency staff working with your family. The results will be sent without names attached to our evaluator at the University of Utah.

This is not a test. The information from this questionnaire is used to monitor the program; to see how families have changed; and to recommend ways to improve the program in the future. You don't have to answer any question that you don't want to. I will read the questions and the possible answers to you. Please write down the number of the best answer for you. Remember, there are no right or wrong answers. If you have any questions, just ask.

**Thank you**.

**When you have finished section one and are ready to begin the "parenting scale," read the following instructions:**

For the rest of the questionnaire, you will need to write two answers to every question. On the left side of the page you will write a number for how things were **BEFORE** you started the program. On the right side you will write a number for how things are **NOW**. That means if you think your family has changed because of participation in Strengthening Families, the two numbers you write down will be **DIFFERENT**. If you have any questions, please ask.

## STRENGTHENING FAMILIES PROGRAM: ABOUT YOUR FAMILY

**Name** (First Name and Initial of Last Name only)**:**_________________________________
**Agency:** ________________________**Today's Date |____|____| / |____|____| / |____|____|**

Which version of the Strengthening Families Program (SFP) did you complete?

1 = SFP 3- 5 , 2 = SFP 6 –11, 3 = SPF 10- 14, 4 = SFP 12-16

Is this your first time participating in Strengthening Families Program Yes No

If No, how many sessions of your previous round did you and your family attend? _______

1. _____Gender of Adult Completing This Form **1** = Male **2** = Female

2. _____Gender of identified Child **1** = Male **2** = Female

3. _____What is your ethnicity? (if mixed, circle all that apply)
   **1** = African American/Black **5** = Alaska Native
   **2** = Asian **6** = White
   **3** = American Indian **7** = Hispanic or Latino
   **4** = Pacific Islander **8** = Other (Specify) _____________

4. _____What is the language you use most often at home?
   **1**= English **2** = Spanish **3** =Other Language: specify: ______________

5. _____ (years) How old are you?

6. _____ (years) How old is your identified teen? (select one you hope to most improve)

7. _____ (grade) What is this child's grade in school?

8. _____ (# kids) How many children under 18 years of age live in your home?

9. _____ Has the identified child taken medications for behavioral/emotional problems in the last year?
   **1**=No **2**=Ritalin **3**=Dexedrine **4**=Cylert **5**=Imipramine **6**=Prozac
   **7**=Other (specify): _______

10. _____ What is your current parenting status?
    **1**= Single Parent **2**=Two parents at home **3**=Joint or shared custody
    **4**= Child(ren) in foster care **5**=Children with relatives **6**=Other: (specify):______

11. _____What is your relationship to the identified child in program?
    **1** = Mother **4** = Aunt or Uncle **7** = Close Non-relative (Mentor/Advocate)
    **2** = Father **5** = Older Sister or Brother
    **3** = Grandparent **6** = Foster Parent **8** = Other (Specify)__________

12. _____ (years) How long has the identified child lived with you? (0 if child never lived with you)

13. _____ Where are you living now?
**1**=home or apartment **2**=rented home or apartment **3**=group home
**4**=residential treatment center **5**=prison or jail **6**=Other specify:__________

14. _____What is the highest grade in school you finished regardless of getting a degree?
(for example 1= 1st grade, 8=8th grade, 12=12th grade, 13=college freshman,
16=college graduate)

15. _____(hours/week) How many hours per week do you work in paid employment?

16. _____ (thousand/yr.) What is the family's total yearly income from all sources?
17. _____ (# kids) How many children do you have?

18._____ Where were your children living prior to your participation in class? (circle all that apply)
**1**=with you **2**=with a relative **3**=foster home **4**=other (specify) _________

19. _____Where are your children living now?
**1**=with you **2**=with a relative **3** =foster home **4**=other (specify) _________

20. ____In the last six months, have you had an open DYFS (Division of Youth and Family Services) case or do you have an open case at this time? 1= No 2 = Yes

## Client Satisfaction (Kumpfer, 2002)

**1. _____ (Hours/Week) Prior to beginning SFP, how many hours of service per week did you or your family receive from this agency?**

**2._____ Who told you about this class?**
1= friend , 2= probation staff, 3= program staff, 4= counselor, 5= court staff, 6= read about it, 7= other: (specify:____________________

**3. _____ How well did you know any of the program staff prior to signing up for this program?**
1= Not at all 2 Very little 3= Somewhat 4 = Well 5= Very Well

**4. _____ How many sessions did you attend of this program?**

**5. _____ How many sessions did this child attend?**

**6.______How satisfied were you with this program?**
1= Not at all 2 Very little 3= Somewhat 4 = Well 5= Very Well

**7. _____ Would you like to come back for refresher classes or family reunions?**
1= Yes, weekly 2= once a month 3= every six months 4 =once a year 5=Never

**8. _____ Would you recommend this course to other families?**
1= Yes, definitely 2= Yes, 3= Maybe 4= No

**9. _____ How much has this class helped your family?**
1= Not at all 2 Very little 3= Somewhat 4 = A lot

**10. ____ Overall how would you rate your satisfaction with your group leaders**?
1= Not at all 2 Very little 3= Somewhat 4 = Well 5= Very Well

**PARENTING SCALE** (Kumpfer, 1989)

Please use the following scale to rate yourself or your identified child before and after this program. (Two numbers should be written down and should be different if you saw change):

**1= Never, 2= Seldom 3= Sometimes, 4= Frequently, 5= Almost Always**

| Before Program | | Now |
|---|---|---|
| _____ | 1. I praise my child when he/she has behaved well. | _____ |
| _____ | 2. I use clear directions with my child. | _____ |
| _____ | 3. My child controls his or her anger. | _____ |
| _____ | 4. My child helps with chores, errands, and other work. | _____ |
| _____ | 5. I handle stress well. | _____ |
| _____ | 6. I feel I am doing a good job as a parent. | _____ |
| _____ | 7. We talk as a family about issues/problems, or we hold family meetings. | _____ |
| _____ | 8. We go over schedules, chores, and rules to get better organized. | _____ |
| _____ | 9. I spend quality time with my child. | _____ |
| _____ | 10. I let my child know I really care about him or her. | _____ |
| _____ | 11. I am loving and affectionate with my child. | _____ |
| _____ | 12. I enjoy spending time with my child. | _____ |
| _____ | 13. I follow through with reasonable consequences when rules are broken. | _____ |
| _____ | 14. I reward completed chores with affirmations/praise, allowances or privileges. | _____ |
| _____ | 15. I talk to my child about his or her plans for the next day or week. | _____ |
| _____ | 16. I talk to my child about his or her friends. | _____ |

| | | |
|---|---|---|
| _____ | 17. I know where my child is and who he/she is with. | _____ |
| _____ | 18. I talk to my child about his/her feelings. | _____ |
| _____ | 19. I use appropriate consequences when my child will not do what I ask. | _____ |
| _____ | 20. I use physical punishment when my child will not do what I ask. | _____ |
| _____ | 21. I yell or shout when my child misbehaves. | _____ |
| _____ | 22. I talk to my child about how he/she is doing in school (write 0 if your child is not in school.) | _____ |
| **Before Program** | **1= Never, 2= Seldom 3= Sometimes, 4= Frequently, 5= Almost Always** | **NOW** |
| _____ | 23. I check to see if my child completes his/her homework (write 0 if your child is not old enough for homework.) | _____ |
| _____ | 24. I feel happy about my life most of the time. | _____ |
| _____ | 25. Our family has clear rules about alcohol and drug use. | _____ |
| | 26. People in my family often insult or yell at each other. | _____ |
| _____ | 27. People in my family have serious arguments. | _____ |
| _____ | 28. We argue about the same things in my family over and over. | _____ |
| _____ | 29. We fight a lot in our family. | _____ |
| _____ | 30. My child is happy most of the time. | _____ |
| _____ | 31. My child's friends are a good influence. | _____ |
| _____ | 32. My child gets good grades (A's or B's, or "satisfactory"). (write 0 if your child is not in school). | _____ |
| _____ | 33. My child gets into trouble at school (or other organized setting if not old enough for school). | _____ |
| _____ | 34. My child uses tobacco. (Age of first use: ________ years) | _____ |
| _____ | 35. My child drinks alcohol. (Age of first use: ________ years) | _____ |
| _____ | 36. My child uses illegal drugs. (Age of first use:_______ years. Drugs used?:_________.) | _____ |
| _____ | 37. I use alcohol or drugs around my child. | _____ |
| _____ | 38. I have 5 or more drinks of alcohol in a day. | _____ |
| _____ | 39. I use illegal drugs (marijuana, etc.) | _____ |
| _____ | 40. I talk with my child about the negative consequences of drug use. | _____ |

**OVERALL FAMILY STRENGTHS/RESILIENCE** (Kumpfer, 1997)

How much strength would you say your family had when starting the program (Before Program) and Now? (Two numbers needed. Second number should be larger if family improved)

| **1 = None 2 = Little strength 3 = Some strength 4 = Considerable strength 5 =Very Strong** |
|---|

| **Before Program** | | **Now** |
|---|---|---|
| _____ | 1. Family Supportiveness/Love/Care | _____ |
| _____ | 2. Positive Family Communication (clear directions, rules, praise) | _____ |
| _____ | 3. Effective Parenting Skills (reading to child, rewarding) | _____ |
| _____ | 4. Effective Discipline Style (less spanking, consistent discipline) | _____ |
| _____ | 5. Family Organization (rules, chores, self responsibility) | _____ |
| _____ | 6. Family Unity (togetherness, cohesion) | _____ |
| _____ | 7. Positive Mental Health (generally feeling good about selves) | _____ |
| _____ | 8. Physical Health | _____ |
| _____ | 9. Emotional Strength | _____ |
| _____ | 10. Knowledge and Education | _____ |
| _____ | 11. Social Networking (making or talking with friends, building community) | _____ |
| _____ | 12. Spiritual Strength | _____ |

**DRUG & ALCOHOL USE (CSAP GRPA)**

| **In the past 30 days, on how many days have you used the following?** | | | **In the past 30 days, on how many days do you think your child used the following?** | | |
|---|---|---|---|---|---|
| **Before Program** | | **Now** | **Before Program** | | **Now** |
| _____ | 1. Alcohol | _____ | _____ | 1. Alcohol | _____ |
| _____ | 2. Alcohol to intoxication | _____ | _____ | 2. Alcohol to intoxication | _____ |
| _____ | 3. Tobacco | _____ | _____ | 3. Tobacco | _____ |

| | | | | | |
|---|---|---|---|---|---|
| _____ | 4. Marijuana/hashish/pot | _____ | _____ | 4. Marijuana/hashish/pot | _____ |
| _____ | 5. Other illegal drugs (type?___________) | _____ | _____ | 5. Other illegal drugs (type?___________) | _____ |
| _____ | 6. Prescription drugs not prescribed by your doctor (type?________) | _____ | _____ | 6. Prescription drugs not prescribed by your doctor (type?________) | _____ |

**PARENT OBSERVATIONS OF CHILD'S ACTIVITIES** (POCA-R, Kellam)

How often did your identified child do the following activities in the last month? (For the "Before Program" column, refer to the month before you began the program).

| **1. Never 2. Sometimes 3. Often 4. Almost always 5. Always** |
|---|

| **Before Program** | | **Now** | **Before Program** | | **Now** |
|---|---|---|---|---|---|
| ____ | 1. Completes work and chores | ____ | ____ | 22. Mind wanders | ____ |
| ____ | 2. Is friendly | ____ | ____ | 23. Shows off or clowns | ____ |
| ____ | 3. Is stubborn | ____ | ____ | 24. Doesn't listen to others | ____ |
| ____ | 4. Concentrates | ____ | ____ | 25. Helps others | ____ |
| ____ | 5. Breaks rules | ____ | ____ | 26. Is polite | ____ |
| ____ | 6. Socializes with other kids | ____ | ____ | 27. Has nightmares | ____ |
| ____ | 7. Shows poor effort | ____ | ____ | 28. Has trouble sleeping | ____ |
| ____ | 8. Works well alone | ____ | ____ | 29. Knows how to communicate | |
| ____ | 9. Hurts others physically | ____ | ____ | 30. Knows how to stay out of trouble | ____ |
| ____ | 10. Pays attention | ____ | ____ | 31. Can resolve conflicts without fights | ____ |
| ____ | 11. Breaks things | ____ | ____ | 32. Lies | ____ |
| ____ | 12. Is rejected by other kids | ____ | ____ | 33. Seeks out peers for activities together | ____ |
| ____ | 13. Learns up to ability | ____ | ____ | 34. Argues with adults | ____ |
| ____ | 14. Yells at others | ____ | ____ | 35. Works hard | ____ |

| | | | | | |
|---|---|---|---|---|---|
| ____ | 15. Interacts well with other Kids | ____ | ____ | 36. Teases other kids | ____ |
| ____ | 16. Is easily distracted | ____ | ____ | 37. Stays on task until completed | ____ |
| ____ | 17. Takes others' property | ____ | ____ | 38. Can sit still | ____ |
| ____ | 18. Avoids other kids | ____ | ____ | 39. Skips school (0 if not old enough for school) | ____ |
| ____ | 19. Fights | ____ | ____ | 40. Uses a weapon in a fight | ____ |
| ____ | 20. Is eager to learn | ____ | ____ | 41. Friends seek him/her out for social activities | ____ |
| ____ | 21. Damages other's property on purpose | ____ | ____ | 42. Runs around a lot, climbs on things | ____ |

| Before Program | | Now | Before Program | | Now |
|---|---|---|---|---|---|
| ____ | 43. Runs away from home overnight | ____ | ____ | 49. Looks sad or down | ____ |
| ____ | 44. Starts physical fights | ____ | ____ | 50. Interrupts or intrudes on others | ____ |
| ____ | 45. Has lots of friends | ____ | ____ | 51. Has low energy | ____ |
| ____ | 46. Is always "on the go" | ____ | ____ | 52. Blurts out answers before the question is completed | ____ |
| ____ | 47. Is irritable | ____ | ____ | 53. Stutters | ____ |
| ____ | 48. Loses temper | ____ | | | |

**About You** (CES-D, Radloff, 1977)
How often you have felt the following ways during the past week?

**1. Never 2. Sometimes (1-2 days) 3. Often (3-4 days) 4. Most days (5-6 days) 5. All days**

| Before Program | | Now |
|---|---|---|
| _____ | 1. I was bothered by things that usually don't bother me. | _____ |
| _____ | 2. I did not feel like eating; my appetite was poor. | _____ |
| _____ | 3. I felt that I could not shake off the blues even with help from family/friends. | _____ |
| _____ | 4. I felt that I was just as good as other people. | _____ |

| | | |
|---|---|---|
| _____ | 5. I had trouble keeping my mind on what I was doing. | _____ |
| _____ | 6. I felt depressed. | _____ |
| _____ | 7. I felt that everything I did was an effort. | _____ |
| _____ | 8. I felt hopeful about the future. | _____ |
| _____ | 9. I thought my life had been a failure. | _____ |
| _____ | 10. I felt fearful. | _____ |
| _____ | 11. My sleep was restless. | _____ |
| _____ | 12. I was happy. | _____ |
| _____ | 13. I talked less than usual. | _____ |
| _____ | 14. I felt lonely. | _____ |
| _____ | 15. People were unfriendly. | _____ |
| _____ | 16. I enjoyed life. | _____ |
| _____ | 17. I had crying spells. | _____ |
| _____ | 18. I felt sad. | _____ |
| _____ | 19. I felt that people dislike me. | _____ |
| _____ | 20. I could not get “going”. | _____ |

Thanks you so much for your time in completing this survey!!