

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: STARS for Families

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1. Overview and description

Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion program that aims to prevent or reduce alcohol use among middle school youth ages 11 to 14 years. The program is founded on the Multi-Component Motivational Stages (McMOS) prevention model, which is based on the stages of behavioral change found within the Transtheoretical Model of Change. The McMOS model posits a continuum of five stages in the initiation of alcohol use: pre-contemplation (has not tried alcohol in the past year), contemplation (is thinking about trying alcohol soon), preparation (is planning to start drinking soon), action (started drinking in the past 6 months), and maintenance (has been drinking for longer than 6 months). STARS for Families intervention materials are tailored to the individual's stage of alcohol use initiation. STARS for Families has three components. Youth who participate in the program receive brief individual consultations in school or in after- school programs about why and how to avoid alcohol use and they may also receive a follow-up consultation. These standardized sessions are provided by trained adults guided by protocols. A series of eight postcards are mailed to parents/guardians providing key facts about how to talk to their children about avoiding alcohol. In addition, the family completes four take-home lessons designed to enhance parent-child communication regarding prevention skills and knowledge. These three components can be implemented separately or in various combinations. In

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addition to its implementation in school and after-school settings, the program also has been used in health clinics, youth organizations, and homes.

2. Implementation considerations (if available)

3. Descriptive information

Areas of Interest	Substance abuse prevention
Outcomes	1: Heavy alcohol use 2: Quantity of alcohol use 3: Frequency of alcohol use 4: Stage of alcohol use initiation 5: Intentions to use alcohol in the future
Outcome Categories	Alcohol
Ages	13-17 (Adolescent)
Gender	Male Female
Races/Ethnicities	Black or African American White Race/ethnicity unspecified
Settings	School
Geographic Locations	Urban Suburban Rural and/or frontier
Implementation History	STARS for Families, first implemented in 1993, has been used in eight schools and evaluated in nine studies. Nearly 1,300 students have received the intervention.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
Adaptations	No population- or culture-specific adaptations were identified by the applicant.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Universal

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4. Outcomes

Outcome 1: Heavy alcohol use

Description of Measures	The Youth Alcohol and Drug Survey was used to collect data on alcohol consumption. Heavy alcohol use was defined as consuming five or more drinks in a row during the past 2 weeks and past 30 days.
Key Findings	In one study, at the 3-month posttest, fewer intervention participants reported drinking heavily during the past 30 days than participants in the comparison group, who received alcohol education booklets to read independently ($p < .05$). In another study, at the 6-month posttest, fewer intervention participants reported drinking heavily during the past 30 days than participants in the no-treatment control group ($p < .05$). In a third study, from baseline to the 3-month posttest, heavy drinking decreased in the intervention group and increased in the no-treatment control group ($p < .05$).
Studies Measuring Outcome	Study 1, Study 3, Study 5
Study Designs	Experimental
Quality of Research Rating	2.9 (0.0-4.0 scale)

Outcome 2: Quantity of alcohol use

Description of Measures	A battery of standardized items was adopted from previous research on youth alcohol use prevention to assess the quantity of alcohol consumed during the past 30 days.
Key Findings	At the 10-week follow-up, intervention participants reported having consumed less alcohol than participants in the comparison group, who received alcohol education booklets to read independently ($p < .05$).
Studies Measuring Outcome	Study 4
Study Designs	Experimental
Quality of Research Rating	3.2 (0.0-4.0 scale)

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Outcome 3: Frequency of alcohol use

Description of Measures	The Youth Alcohol and Drug Survey was used to collect data on the frequency of alcohol use during the past 7 days and past 30 days.
Key Findings	Three studies compared the intervention to a comparison condition in which participants received alcohol education booklets to read independently. In one study, at the 3-month posttest, fewer intervention participants reported drinking alcohol in the past 7 days ($p < .05$) and the past 30 days ($p < .05$) than participants in the comparison group. In another study, of participants who had already started using alcohol, those in the intervention group reported less frequent alcohol use at the 1-month posttest than those in the comparison group ($p < .05$). In a third study, at the 10- week follow-up, intervention participants reported significantly less frequent alcohol use over the past 30 days than comparison group participants ($p < .05$). In another study, fewer participants in the intervention group than in the no-treatment control group reported at the 6-month posttest that they had consumed alcohol in the past 30 days ($p < .05$).
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4
Study Designs	Experimental
Quality of Research Rating	3.3 (0.0-4.0 scale)

Outcome 4: Stage of alcohol use initiation

Description of Measures	The Youth Alcohol and Drug Survey was used to collect data on alcohol-related cognitive, social, and behavioral risk and protective factors. These data were used to assign participants to one of the five stages of alcohol use initiation: pre-contemplation, contemplation, preparation, action, and maintenance.
Key Findings	At the 3-month posttest, fewer intervention participants were in the advanced stages of alcohol use initiation (i.e., preparation, action, maintenance) than participants in the comparison group, who received alcohol education booklets to read independently ($p < .05$).

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Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.2 (0.0-4.0 scale)

Outcome 5: Intentions to use alcohol in the future

Description of Measures	The Youth Alcohol and Drug Survey was used to collect data on intentions to use alcohol in the future. Items measure intentions to drink in the next 6 months and intentions to think about using, plan to use, try to use, and use alcohol in the next year.
Key Findings	In one study, at the 3-month posttest, intervention participants reported having significantly fewer intentions to drink alcohol in the future than students in the comparison group, who received alcohol education booklets to read independently ($p < .01$). This finding remained significant at the 1-year follow-up ($p < .01$). In another study, at the 6-month posttest, fewer participants in the intervention group than in the no-treatment control group reported intentions to use alcohol in the next 6 months ($p < .05$).
Studies Measuring Outcome	Study 1, Study 3
Study Designs	Experimental
Quality of Research Rating	2.9 (0.0-4.0 scale)

- 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)**
- 6. Washington State results (from Performance Based Prevention System (PBPS) – if available)**
- 7. Who is using this program/strategy**

Washington Counties	Oregon Counties

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8. Study populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	13-17 (Adolescent)	50% Female 50% Male	85% Black or African American 12% White 3% Race/ethnicity unspecified
Study 2	13-17 (Adolescent)	50% Female 50% Male	85% Black or African American 12% White 3% Race/ethnicity unspecified
Study 3	13-17 (Adolescent)	51.7% Male 48.3% Female	74.7% White 13.5% Black or African American 11.8% Race/ethnicity unspecified
Study 4	13-17 (Adolescent)	56% Female 44% Male	88% Black or African American 10% White 2% Race/ethnicity unspecified
Study 5	13-17 (Adolescent)	59% Female 41% Male	84% Black or African American 13% White 3% Race/ethnicity unspecified

9. Quality of studies

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

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Study 1

Werch, C. E., Carlson, J. M., Owen, D. M., DiClemente, C. C., & Carbonari, J. P. (2001). Effects of a stage-based alcohol preventive intervention for inner-city youth. *Journal of Drug Education*, 31(2), 123-138.

Werch, C. E., Owen, D. M., Carlson, J. M., DiClemente, C. C., Edgemon, P., & Moore, M. (2003). One-year follow-up results of the STARS for Families alcohol prevention program. *Health Education Research*, 18(1), 74-87.

Werch, C. E., Pappas, D. M., Carlson, J. M., Edgemon, P., Sinder, J. A., & DiClemente, C. C. (2000). Evaluation of a brief alcohol prevention program for urban school youth. *American Journal of Health Behavior*, 24(2), 120-131.

Study 2

Werch, C. E., Pappas, D. M., Carlson, J. M., & DiClemente, C. C. (1998). Short- and long-term effects of a pilot prevention program to reduce alcohol consumption. *Substance Use and Misuse*, 33(11), 2303-2321.

Study 3

Werch, C. E., Carlson, J. M., Pappas, D. M., Edgemon, P., & DiClemente, C. C. (2000). Effects of a brief alcohol preventive intervention for youth attending school sports physical examinations. *Substance Use and Misuse*, 35(3), 421-432.

Study 4

Werch, C. E., Anzalone, D. M., Brokiewicz, L. M., Felker, J., Carlson, J. M., & Castellon-Vogel, E. A. (1996). An intervention for preventing alcohol use among inner-city middle school students. *Archives of Family Medicine*, 5(3), 146-152.

Study 5

Werch, C. E., Carlson, J. M., Pappas, D. M., & DiClemente, C. C. (1996). Brief nurse consultations for preventing alcohol use among urban school youth. *Journal of School Health*, 66(9), 335-338.

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition

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5. Potential confounding variables

6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Heavy alcohol use	3.5	2.5	2.5	2.5	2.5	4.0	2.9
2: Quantity of alcohol use	3.5	3.0	2.5	2.5	3.5	4.0	3.2
3: Frequency of alcohol use	3.5	3.0	3.0	2.5	3.5	4.0	3.3
4: Stage of alcohol use initiation	3.5	3.0	2.5	2.5	3.5	4.0	3.2
5: Intentions to use alcohol in the future	3.5	2.5	3.0	2.5	2.5	3.5	2.9

Study Strengths

The studies used randomized designs. The measures were reliable, and self-report measures of alcohol use were validated with saliva dipstick tests. The analyses were appropriate.

Study Weaknesses

Some of the studies did not sufficiently address intervention fidelity. One of the instruments used did not have known psychometric properties. Some of the studies did not clearly explain whether the parents' involvement in the intervention was as intended.

Contamination across treatment conditions was possible in some studies. In some cases, attrition was high and there were differences in baseline alcohol use between students who completed the program and those who did not.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

STARS for Families training [PowerPoint presentation] STARS for Families training information sheet

Werch, C. E., & Carlson, J. M. (n.d.). STARS for Families: Connecting schools, homes and communities in at-risk alcohol prevention. Calhoun, KY: NIMCO.

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Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.0	2.5	3.5	3.0

Dissemination Strengths

Implementation guidelines supplement the well-designed core program materials. Parent materials are brief and easily accessible. An on-site training relying heavily on role-play techniques is available to program implementers, and additional support from the training facilitator is available after the training by phone or e-mail. Process and outcome measures are provided to support quality assurance.

Dissemination Weaknesses

No information is provided to support program administrators in assessing site readiness, recruiting an implementation team, or identifying program participants. Training includes limited discussion of strategies for relating to adolescents or handling difficult situations. No systematic coaching is available for implementers. It is unclear how some quality assurance tools fit into the overall quality assurance process.

11. Costs (if available)

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Curriculum	\$299 (\$250 for training participants)	Yes

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Additional parent postcards	\$49.95 for 50	No
Additional family take-home lessons	\$129.95 for 50	No
1- to 2-hour audio training	\$499 per participant	Yes
Implementation consultation	\$599 per hour	No
Scannable outcome survey	\$5 each	No
Evaluation services (includes scanning/analyzing data and providing a brief written report of the overall findings)	\$10 per adolescent)	No

12. Contacts

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